

County: Abbeville

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|-------------------------------------|----------------------------|----|
| ABBEVILLE NURSING HOME INC | NCF-0266 / 12/31/2009 | 94 |
| 83 THOMSON CIR | Abbeville / Corporation | |
| ABBEVILLE, SC 29620-0190 | PO BOX 190 | |
| HUGHES SR, ALAN L PH#: 864-366-5122 | ABBEVILLE, SC 29620-0190 | |
| Fac. Cont. Email: ABBNH@WCTEL.NET | ABBEVILLE NURSING HOME INC | |

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|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 94 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|-------------------------------------|------------------------------------|----|
| CARLISLE NURSING CENTER | NCF-0775 / 06/30/2009 | 22 |
| 18 FRANK PRESSLY DR | Abbeville / Non-Profit Corporation | |
| DUE WEST, SC 29639 | PO BOX 307 | |
| PRIDMORE, R PAUL PH#: 864-379-3210 | DUE WEST, SC 29639 | |
| Fac. Cont. Email: DWRCDIR@WCTEL.NET | COVENANT WAY | |

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|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 22 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:Alzheimer Care

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 116 |
|---|---|-----------------------|-----|

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|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Abbeville | # Lics | 2 |
| | Number Licensed Units : | 116 | |

Division of Health Licensing

County: Aiken

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| ANNE MARIA REHABILITATION AND NURSING CENTER 1200 TALISMAN DR NORTH AUGUSTA 29841 WATERS, KERRY A PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0721 / 05/31/2009 Aiken / Corporation 1200 TALISMAN DR NORTH AUGUSTA, SC 29841 ANNE MARIA INC | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| AZALEA WOODS 123 DUPONT DR AIKEN, SC 29801 ARMSTRONG, TIM E PH#: 803-648-0434 Fac. Cont. Email:TARMSTRONGLOU@HOTMAIL.COM | NCF-0938 / 12/31/2009 Aiken / Corporation 123 DUPONT DR AIKEN, SC 29801 AIKEN NURSING HOME INC | 86 |
| Licensed Beds Nursing Home 86 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| CARRIAGE HILLS LIVING CENTER 550 E GATE DR AIKEN, SC 29803 BOWLES, ROBERT F PH#: 803-643-3694 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0902 / 09/30/2009 Aiken / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 CARRIAGE HILLS LIVING CENTER LLC | 60 |
| Licensed Beds Nursing Home 60 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| HERITAGE HEALTHCARE AT MATTIE C HALL L L C 830 LAURENS ST AIKEN, SC 29801-0475 HAY, WINONA MICHELLE PH#: 803-649-6264 Fac. Cont. Email:No Fac Cont. email on record | NCF-0942 / 06/30/2009 Aiken / Ltd. Liability 830 LAURENS ST AIKEN, SC 29801-3416 HERITAGE HEALTHCARE AT MATTIE C HALL L L C | 176 |
| Licensed Beds Nursing Home 176 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 HILL, HEATH E PH#: 803-278-4272 Fac. Cont. Email:B.MOORHOUSE@CHARTER.NET | NCF-0799 / 06/30/2009 Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC | 192 |
| Licensed Beds Nursing Home 192 Institutional Nursing Home 0 | | |
| Certifications:None | | |

County: Aiken

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| PEPPER HILL NURSING & REHAB CENTER L L C 3525 AUGUSTUS RD AIKEN, SC 29801 JONES, PRESTON S PH#: 803-642-8376 Fac. Cont. Email:ROXANNEWEESE@PEPPERHILL.COM | NCF-0879 / 11/30/2009 Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER L L C | 132 |

Licensed Beds Nursing Home 132 Institutional Nursing Home 0

Certifications:Alzheimer Unit

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 6 | Number Licensed Units | 778 |
|---|---|-----------------------|-----|

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|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Aiken | # Lics | 6 |
| | Number Licensed Units : | 778 | |

County: Allendale

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|---|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| JOHN EDWARD HARTER NURSING CENTER | NCF-0259 / 04/30/2009 | 44 |
| 185 REVOLUTIONARY TRAIL | Allendale / County | |
| FAIRFAX, SC 29827 | PO BOX 218 | |
| HIATT, MELVIN K PH#: 803-632-3334 | FAIRFAX, SC 29827 | |
| Fac. Cont. Email:ADMINKH@ACHOSPITAL.ORG | ALLENDALE COUNTY HOSPITAL | |

Licensed Beds Nursing Home 44 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Allendale | # Lics | 1 |
| | Number Licensed Units : | 44 | |

County: Anderson

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| ANDERSON PLACE 311 SIMPSON RD ANDERSON, SC 29621 HUNTER, ANDREA M PH#: 864-261-3875 Fac. Cont. Email:ANDERSONPLACE-ED@EMERITUS.COM | NCF-0872 / 03/31/2010 Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621 EMERITUS CORPORATION | 44 |
| Licensed Beds Nursing Home 44 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| BROOKSIDE LIVING CENTER 208 JAMES ST ANDERSON, SC 29625-2985 KING, JIMMY PH#: 864-226-3427 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0909 / 09/30/2009 Anderson / Limited Liability Company (multiple member) C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 BROOKSIDE LIVING CENTER LLC | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| ELLENBURG NURSING CENTER INC 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG, LYNDON W PH#: 864-226-5054 Fac. Cont. Email:FUZZERONE@AOL.COM | NCF-0231 / 03/31/2010 Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624 ELLENBURG NURSING CENTER INC | 181 |
| Licensed Beds Nursing Home 181 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| NHC HEALTHCARE ANDERSON 1501 E GREENVILLE ST ANDERSON, SC 29621-1327 MOORHOUSE, BRADLEY W PH#: 864-226-8356 Fac. Cont. Email:SNFCARE@NHANDERSON.COM | NCF-0801 / 06/30/2009 Anderson / Ltd. Liability PO BOX 1327 ANDERSON, SC 29621-1327 NHC HEALTHCARE/ANDERSON LLC | 290 |
| Licensed Beds Nursing Home 290 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| RICHARD M CAMPBELL VETERANS NURSING HOME 4605 BELTON HWY ANDERSON, SC 29621 AUSTIN, RUBERT E PH#: 864-261-6734 Fac. Cont. Email:RAUSTIN@HMR-LTC.COM | NCF-0549 / 02/28/2010 Anderson / State 4605 BELTON HWY ANDERSON, SC 29621 SC DEPARTMENT OF MENTAL HEALTH | 220 |
| Licensed Beds Nursing Home 220 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit | | |

County: Anderson

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| RIVERSIDE LIVING CENTER 109 BENTZ RD PIEDMONT, SC 29673 PARSON, DIANE PH#: 864-845-5177 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0907 / 09/30/2009 Anderson / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 RIVERSIDE LIVING CENTER L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |

Certifications:None

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| WILLOW CREEK LIVING CENTER 406 W BROAD ST IVA, SC 29655 HERITAGE, CARLA PH#: 864-348-7433 Fac. Cont. Email:ADMINWILLOW@HMR-LTC.COM | NCF-0904 / 09/30/2009 Anderson / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 WILLOW CREEK LIVING CENTER L L C | 60 |
| Licensed Beds Nursing Home 60 Institutional Nursing Home 0 | | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="7"/> | Number Licensed Units | <input type="text" value="971"/> |
|---|--------------------------------|-----------------------|----------------------------------|

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|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Anderson | # Lics | 7 |
| | Number Licensed Units : | 971 | |

County: Bamberg

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|---|--|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| BAMBERG COUNTY MEMORIAL NURSING CENTER | NCF-0322 / 05/31/2009 | 88 |
| 509 NORTH ST | Bamberg / County | |
| BAMBERG, SC 29003 | 509 NORTH ST | |
| VALLENTINE, TERESA C PH#: 803-245-4321 | BAMBERG, SC 29003 | |
| Fac. Cont. Email: No Fac Cont. email on record | BAMBERG COUNTY MEMORIAL HOSPITAL BOARD | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Bamberg | # Lics | 1 |
| | Number Licensed Units : | 88 | |

County: Barnwell

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|--------------------------------------|-------------------------|----|
| BARNWELL COUNTY NURSING HOME | NCF-0893 / 04/30/2009 | 44 |
| 31 WREN ST | Barnwell / County | |
| BARNWELL, SC 29812-1528 | 31 WREN ST | |
| PORTER, NANCY PH#: 803-259-5547 | BARNWELL, SC 29812-1528 | |
| Fac. Cont. Email:BCNH@BARNWELLSC.COM | BARNWELL COUNTY | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 44 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|--------------------------------------|--|----|
| LAUREL BAYE HEALTHCARE OF BLACKVILLE | NCF-0755 / 08/31/2009 | 85 |
| 1612 JONES BRIDGE RD | Barnwell / Ltd. Liability | |
| BLACKVILLE, SC 29817-0033 | 1612 JONES BRIDGE RD | |
| BROADFOOT, BOB PH#: 803-284-4313 | BLACKVILLE, SC 29817-0033 | |
| Fac. Cont. Email:LAURELBAYE.COM | LAUREL BAYE HEALTHCARE OF BLACKVILLE L L C | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 85 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|---|---|----|
| LAUREL BAYE HEALTHCARE OF WILLISTON | NCF-0754 / 08/31/2009 | 44 |
| 5721 SPRINGFIELD RD | Barnwell / Ltd. Liability | |
| WILLISTON, SC 29853 | PO BOX 250 | |
| DERRICK, KATHRYN PH#: 803-266-3229 | WILLISTON, SC 29853 | |
| Fac. Cont. Email:No Fac Cont. email on record | LAUREL BAYE HEALTHCARE OF WILLISTON L L C | |

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|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 44 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 3 | Number Licensed Units | 173 |
|---|---|-----------------------|-----|

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|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Barnwell | # Lics | 3 |
| | Number Licensed Units : | 173 | |

Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| BAYVIEW MANOR LLC 11 TODD DR BEAUFORT, SC 29902-1103 SYNDER, GARY PH#: Fac. Cont. Email: No Fac Cont. email on record | NCF-0898 / 05/31/2009 Beaufort / Ltd. Liability PO BOX 1103 BEAUFORT, SC 29901-1103 BAYVIEW MANOR LLC | 170 |
| Licensed Beds | Nursing Home | 170 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| BROAD CREEK A CLASSIC RESIDENCE BY HYATT CARE CENTER 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-0000 THAXTON, LYNN A PH#: 843-341-7300 Fac. Cont. Email: LTHAXTON@HYATTCLASSIC.COM | NCF-0753 / 07/31/2009 Beaufort / Corporation 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928 CC-HILTON HEAD INC | 25 |
| Licensed Beds | Nursing Home | 25 |
| Institutional Nursing Home | | 0 |
| Certifications:Alzheimer Care | | |
| FRASER HEALTH CARE 300 WOODHAVEN DR HILTON HEAD, SC 29928-4684 MILLER, LINDA D PH#: 843-842-3747 Fac. Cont. Email: LMILLER@HARGRAY.COM | NCF-0414 / 09/30/2009 Beaufort / Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928 SEABROOK OF HILTON HEAD INC THE | 33 |
| Licensed Beds | Nursing Home | 19 |
| Institutional Nursing Home | | 14 |
| Certifications:None | | |
| LIFE CARE CENTER OF HILTON HEAD 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29925-2259 HARDY JR, JAMES M PH#: 843-681-6006 Fac. Cont. Email: JIM_HARDY@LCCA.COM | NCF-0725 / 05/31/2009 Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926 LIFE CARE CENTERS OF AMERICA INC | 88 |
| Licensed Beds | Nursing Home | 88 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 ELLIOTT, AMANDA J PH#: 843-689-7077 Fac. Cont. Email: ELLIOTTAMANDA@LCSNET.COM | NCF-0576 / 04/30/2009 Beaufort / Limited Liability Limited Partnership 87 BIRD SONG WAY HILTON HEAD ISLAND, SC 29926 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES L P THE | 77 |
| Licensed Beds | Nursing Home | 69 |
| Institutional Nursing Home | | 8 |
| Certifications:Alzheimer Unit | | |

County: Beaufort

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |
| | Licensed Unit |

Totals For Facility/License Type Nursing Home

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|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 5 | Number Licensed Units | 393 |
|---|---|-----------------------|-----|

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|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Beaufort | # Lics | 5 |
| | Number Licensed Units : | 393 | |

County: Berkeley

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|---|--|-----|
| HEARTLAND HEALTH CARE CENTER - CHARLESTON | NCF-0526 / 12/31/2009 | 105 |
| 1800 EAGLE LANDING BLVD | Berkeley / Limited Liability | |
| HANAHAN, SC 29410-8517 | 1800 EAGLE LANDING BLVD | |
| COURY, WILLIAM V PH#: 843-553-0656 | HANAHAN, SC 29406-8517 | |
| Fac. Cont. Email:4015-ADMIN@HCR-MANORCARE.COM | HEARTLAND-CHARLESTON OF HANAHAN SC LLC | |

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|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 105 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| | | |
|--|-----------------------------------|----|
| LAKE MOULTRIE NURSING HOME | NCF-0738 / 12/31/2009 | 88 |
| 1038 MCGILL LN | Berkeley / Non-Profit Corporation | |
| ST STEPHEN, SC 29479-1108 | PO BOX 1108 | |
| DRIGGERS, JOANN C PH#: 843-567-2307 | ST STEPHEN, SC 29479-1108 | |
| Fac. Cont. Email:JDRIGGERS@CLARENDONMEMORIAL.COM | CLARENDON HOSPITAL DISTRICT | |

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|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 88 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|---|--|-----|
| UNIHEALTH POST-ACUTE CARE OF MONCKS CORNER | NCF-0943 / 10/31/2009 | 132 |
| 505 S LIVE OAK DR | Berkeley / Ltd. Liability | |
| MONCKS CORNER, SC 29461-1467 | 505 S LIVE OAK DR | |
| HENSCHER, THOMAS W PH#: 843-761-8368 | MONCKS CORNER, SC 29461-3553 | |
| Fac. Cont. Email:No Fac Cont. email on record | UNIHEALTH POST-ACUTE CARE OF MONCKS CORNER L L C | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 3 | Number Licensed Units | 325 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Berkeley | # Lics | 3 |
| | Number Licensed Units : | 325 | |

County: Calhoun

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|---------------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| CALHOUN CONVALESCENT CENTER | NCF-0505 / 01/31/2010 | 120 |
| 601 DANTZLER ST | Calhoun / Corporation | |
| ST MATTHEWS, SC 29135-0157 | PO BOX 157 | |
| KIZER, MELISSA R PH#: 803-655-7101 | ST. MATTHEWS, SC 29135 | |
| Fac. Cont. Email:TRACYB@HEALTHCARECORP.NET | CALHOUN CONVALESCENT CENTER INC | |

Licensed Beds Nursing Home 120 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Calhoun | # Lics | 1 |
| | Number Licensed Units : | 120 | |

County: Charleston

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER THREE GADSDEN WAY CHARLESTON, SC 29412 TRAWICK, C WILLIAM PH#: 843-762-3300 Fac. Cont. Email:LYDIA.CODY@BISHOPGADSDEN.ORG | NCF-0577 / 04/30/2009 Charleston / Non-Profit Corporation ONE GADSDEN WAY CHARLESTON, SC 29412 EPISCOPAL CHURCH HOME | 50 |
| Licensed Beds Nursing Home 41 Institutional Nursing Home 9 | | |
| Certifications:None | | |
| DRIFTWOOD REHABILITATION AND NURSING CENTER 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THOMAS, JAMES G PH#: 843-744-2750 Fac. Cont. Email:JIM.THOMAS@THICARE.COM | NCF-0870 / 08/31/2009 Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405 THI OF SOUTH CAROLINA AT CHARLESTON LLC | 160 |
| Licensed Beds Nursing Home 160 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MT PLEASANT, SC 29464-0000 STOLL, SANDRA A PH#: 843-856-4700 Fac. Cont. Email:SSTOLL@FRANKEATSEASIDE.ORG | NCF-0800 / 07/31/2009 Charleston / Corporation 1885 RIFLE RANGE RD MT PLEASANT, SC 29464 LUTHERAN HOMES OF SOUTH CAROLINA INC | 44 |
| Licensed Beds Nursing Home 24 Institutional Nursing Home 20 | | |
| Certifications:None | | |
| GRACE HALL - REHABILITATION 1010 LAKE HUNTER CIR MT PLEASANT, SC 29464 DEFOOR, KENNETH E PH#: 843-388-2030 Fac. Cont. Email:No Fac Cont. email on record | NCF-0926 / 12/31/2009 Charleston / Corporation 1010 LAKE HUNTER CIR MT PLEASANT, SC 29464 SAVANNAH GRACE HALLS L P | 42 |
| Licensed Beds Nursing Home 42 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 MCDANIEL, WILLIAM J PH#: 843-763-0233 Fac. Cont. Email:531-ADMIN@HCR-MANORCARE.COM | NCF-0413 / 12/31/2009 Charleston / Limited Liability 1137 SAM RITTENBURG BLVD CHARLESTON, SC 29407 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC | 99 |
| Licensed Beds Nursing Home 99 Institutional Nursing Home 0 | | |
| Certifications:None | | |

Division of Health Licensing

County: Charleston

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| LIFE CARE CENTER OF CHARLESTON | NCF-0878 / 11/30/2009 | 148 |
| 2600 ELMS PLANTATION BLVD | Charleston / Ltd. Liability | |
| NORTH CHARLESTON, SC 29406-9180 | 2600 ELMS PLANTATION BLVD | |
| CLIETT, BETH A PH#: 843-764-3500 | NORTH CHARLESTON, SC 29406 | |
| Fac. Cont. Email: BETH_CLIETT@LCCA.COM | CHARLESTON MEDICAL INVESTORS L L C | |
| Licensed Beds Nursing Home 148 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit | | |
| MOUNT PLEASANT MANOR L L C | NCF-0896 / 05/31/2009 | 132 |
| 921 BOWMAN RD | Charleston / Ltd. Liability | |
| MT PLEASANT, SC 29464-3234 | 921 BOWMAN RD | |
| WHITE, BRUCE L PH#: 843-884-8903 | MT. PLEASANT, SC 29464 | |
| Fac. Cont. Email: BWHITE@MOUNTPLEASANTMANOR.COM | MOUNT PLEASANT MANOR L L C | |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| NHC HEALTHCARE CHARLESTON | NCF-0871 / 09/30/2009 | 132 |
| 2230 ASHLEY CROSSING DR | Charleston / Limited Liability | |
| CHARLESTON, SC 29414-0000 | 2230 ASHLEY CROSSING DR | |
| ATKINSON, ANGELA PH#: 843-766-5228 | CHARLESTON, SC 29414 | |
| Fac. Cont. Email: ADM@TMCHARLESTON.COM | NHC HEALTHCARE - CHARLESTON LLC | |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| SANDPIPER REHAB & NURSING | NCF-0876 / 08/31/2009 | 176 |
| 1049 ANNA KNAPP BLVD | Charleston / Corporation | |
| MT PLEASANT, SC 29464-3132 | 1049 ANNA KNAPP BLVD | |
| HADLEY, ERIC T PH#: 843-884-5735 | MT. PLEASANT, SC 29464 | |
| Fac. Cont. Email: EHADLEY@PREMIERSL.COM | SANDPIPER REHAB & NURSING LLC | |
| Licensed Beds Nursing Home 176 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| WHITE OAK MANOR - CHARLESTON | NCF-0892 / 12/31/2009 | 176 |
| 9319 MEDICAL PLAZA DR | Charleston / Corporation | |
| NORTH CHARLESTON, SC 29406-9194 | 9319 MEDICAL PLAZA DR | |
| WALKER, RUTH P PH#: 843-797-8282 | NORTH CHARLESTON, SC 29406-9194 | |
| Fac. Cont. Email: RWALKER@WHITEOAKMANOR.COM | WHITE OAK MANOR - CHARLESTON INC | |
| Licensed Beds Nursing Home 176 Institutional Nursing Home 0 | | |
| Certifications:None | | |

County: Charleston

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |
| | Licensed Unit |

Totals For Facility/License Type Nursing Home

| | | | |
|---|----|-----------------------|-------|
| Number of Activities/Facilities licensed: | 10 | Number Licensed Units | 1,159 |
|---|----|-----------------------|-------|

| | | | |
|---|-------------------------|--------|----|
| Number of Activities/Facilities licensed in county of | Charleston | # Lics | 10 |
| | Number Licensed Units : | 1,159 | |

County: Cherokee

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| BROOKVIEW HEALTHCARE CENTER 510 THOMPSON ST GAFFNEY, SC 29340-3620 SAIN, SUSAN H PH#: 864-489-3101 Fac. Cont. Email:ADMIN.BRGA.SC@PALMETTOLTC.COM | NCF-0931 / 09/30/2009 Cherokee / Ltd. Liability 510 THOMPSON ST GAFFNEY, SC 29340-3620 PALMETTO BROOKVIEW OPERATING LLC | 132 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| CHEROKEE COUNTY LONG TERM CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4734 MATTHEWS, CINDY PH#: 864-487-2717 Fac. Cont. Email:SANDRAHOFTIEZERE@HOTMAIL.COM | NCF-0323 / 11/30/2009 Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340 CHEROKEE COUNTY | 97 |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 97 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 229 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Cherokee | # Lics | 2 |
| | Number Licensed Units : | 229 | |

County: Chester

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| CHESTER NURSING CENTER | NCF-0895 / 09/30/2009 | 100 |
| ONE MEDICAL PARK DR | Chester / Corporation | |
| CHESTER, SC 29706 | ONE MEDICAL PARK DR | |
| PARKER, EDWARD SPENCER PH#: 803-581-3151 | CHESTER, SC 29706 | |
| Fac. Cont. Email:SPENCER.PARKER@HMA.ORG | CHESTER HMA INC | |

Licensed Beds Nursing Home 100 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 100 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Chester | # Lics | 1 |
| | Number Licensed Units : | 100 | |

County: Chesterfield

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|------------------------------------|----------------------------|-----|
| CHERAW HEALTHCARE INC | NCF-0951 / 04/30/2009 | 117 |
| 400 MOFFAT RD | Chesterfield / Corporation | |
| CHERAW, SC 29520 | PO BOX 967 | |
| DYSON, JOEL W PH#: 843-537-5253 | CHERAW, SC 29520-0967 | |
| Fac. Cont. Email:INFO@CHERAWHC.COM | CHERAW HEALTHCARE INC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 117 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:Alzheimer Care

| | | |
|---|--------------------------------------|-----|
| CHESTERFIELD CONVALESCENT CENTER INC | NCF-0552 / 03/31/2010 | 104 |
| 1150 STATE RD | Chesterfield / Corporation | |
| CHERAW, SC 29520-1307 | PO BOX 1329 | |
| TUCKER, RANDY PH#: 843-537-2060 | CHERAW, SC 29520-1329 | |
| Fac. Cont. Email:MARTHAR@HEALTHCARECORP.NET | CHESTERFIELD CONVALESCENT CENTER INC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 104 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 221 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Chesterfield | # Lics | 2 |
| | Number Licensed Units : | 221 | |

County: Clarendon

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| LAKE MARION NURSING FACILITY 1527 URBANA RD SUMMERTON, SC 29148 MCLEOD, MARY W PH#: 803-485-2317 Fac. Cont. Email:LMCLEOD@CLARENDONHEALTH.COM | NCF-0736 / 01/31/2010 Clarendon / Non-Profit Corporation PO BOX 1159 SUMMERTON, SC 29148 CLARENDON HOSPITAL DISTRICT | 88 |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 88 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|--|---|----|
| WINDSOR MANOR 5583 SUMMERTON HWY MANNING, SC 29102 MILES, ANETTE C PH#: 803-478-2323 Fac. Cont. Email:AMILES@CLARENDONHEALTH.COM | NCF-0737 / 01/31/2009 (Renewal Pending) Clarendon / Non-Profit Corporation PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT | 64 |
|--|---|----|

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 64 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 152 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Clarendon | # Lics | 2 |
| | Number Licensed Units : | 152 | |

County: Colleton

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| HERITAGE HEALTHCARE OF WALTERBORO 401 WITSELL ST WALTERBORO, SC 29488-3052 STEPHENSON, REBECCA S PH#: 843-549-5546 Fac. Cont. Email:RESTEPHENSON@UHS-PRUITT.COM | NCF-0949 / 10/31/2009 Colleton / Ltd. Liability 401 WITSELL ST WALTERBORO, SC 29488 HERITAGE HEALTHCARE OF WALTERBORO L L C | 132 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| VETERANS VICTORY HOUSE 2461 SIDNEYS RD WALTERBORO, SC 29488 NEWTON, LEEANNE B PH#: 843-538-3000 Fac. Cont. Email:LWH65@SCDMH.ORG | NCF-0921 / 10/31/2009 Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH | 220 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 220 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:Alzheimer Unit

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 352 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Colleton | # Lics | 2 |
| | Number Licensed Units : | 352 | |

County: Darlington

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|--|---|----|
| BETHEA BAPTIST HEALTH CARE CENTER | NCF-0189 / 06/30/2009 | 88 |
| 157 HOME AVE | Darlington / Non-Profit Corporation | |
| DARLINGTON, SC 29532-4000 | 157 HOME AVE | |
| SPURLING, BENJAMIN S PH#: 843-393-2867 | DARLINGTON, SC 29532 | |
| Fac. Cont. Email: BSPURLING@SCBMA.COM | SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC | |

| | | | | |
|---------------|--------------|----|----------------------------|----|
| Licensed Beds | Nursing Home | 36 | Institutional Nursing Home | 52 |
|---------------|--------------|----|----------------------------|----|

Certifications:None

| | | |
|---|------------------------------|----|
| MEDFORD NURSING CENTER L L C | NCF-0891 / 08/31/2009 | 88 |
| 105 MEDFORD DR | Darlington / Ltd. Liability | |
| DARLINGTON, SC 29532-2719 | 105 MEDFORD DR | |
| MARSH, NOELLE PH#: 843-398-7000 | DARLINGTON, SC 29532 | |
| Fac. Cont. Email: NMARSH@WILSONSENIORCARE.COM | MEDFORD NURSING CENTER L L C | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 88 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|--|------------------------------|-----|
| MORRELL NURSING CENTER L L C | NCF-0881 / 08/31/2009 | 154 |
| 900 N MARQUIS HWY | Darlington / Ltd. Liability | |
| HARTSVILLE, SC 29550 | 900 N MARQUIS HWY | |
| RIDGEWAY, GEORGE W PH#: 803-423-8530 | HARTSVILLE, SC 29550 | |
| Fac. Cont. Email: No Fac Cont. email on record | MORRELL NURSING CENTER L L C | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 154 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| | | |
|---|--------------------------------|----|
| OAKHAVEN NURSING CENTER L L C | NCF-0890 / 08/31/2009 | 88 |
| 123 OAK ST | Darlington / Limited Liability | |
| DARLINGTON, SC 29532 | 123 OAK ST | |
| OATES, MARGARET B PH#: 843-398-7041 | DARLINGTON, SC 29532-2628 | |
| Fac. Cont. Email: BOATES@WILSONSENIORCARE.COM | OAKHAVEN NURSING CENTER L L C | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 88 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 4 | Number Licensed Units | 418 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Darlington | # Lics | 4 |
| | Number Licensed Units : | 418 | |

County: Dillon

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| HERITAGE HEALTHCARE AT THE PINES 413 LAKESIDE CT DILLON, SC 29536-1999 SANTILLI, MICHELLE L PH#: 843-774-2741 Fac. Cont. Email:MSANTILLI@UHS-PRUITT.COM | NCF-0835 / 11/30/2009 Dillon / Ltd. Liability 413 LAKESIDE CT DILLON, SC 29536 HERITAGE HEALTHCARE AT THE PINES L L C | 84 |

Licensed Beds Nursing Home 84 Institutional Nursing Home 0

Certifications:None

| | | |
|--|---|-----|
| SUNNY ACRES NURSING HOME 1727 BUCK SWAMP RD FORK, SC 29543-0067 COOKE, TONY R PH#: 843-464-6212 Fac. Cont. Email:TONY RAY@COOKE-ASSOCIATES.COM | NCF-0936 / 12/31/2009 Dillon / Corporation 1727 BUCK SWAMP RD FORK, SC 29543 COOKE ASSOCIATES OF FORK INC | 111 |
|--|---|-----|

Licensed Beds Nursing Home 111 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="2"/> | Number Licensed Units | <input type="text" value="195"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Dillon | # Lics | 2 |
| | Number Licensed Units : | 195 | |

County: Dorchester

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| HALLMARK HEALTHCARE CENTER 255 MIDLAND PKWY SUMMERVILLE, SC 29485 STINSON, DURENA PH#: 843-821-5005 Fac. Cont. Email:ADMIN.HASU.SC@PALMETTOLTC.COM | NCF-0932 / 09/30/2009 Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485 PALMETTO HALLMARK OPERATING L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|---|--|----|
| OAKBROOK HEALTH & REHABILITATION CENTER 920 TRAVELERS BLVD SUMMERVILLE, SC 29485 SIMMONS, TEDDIE PH#: 000-000-0000 Fac. Cont. Email:ADMIN.PR.SC@PALMETTOLTC.COM | NCF-0923 / 09/30/2009 Dorchester / Ltd. Liability 920 TRAVELERS BLVD SUMMERVILLE, SC 29485 PALMETTO OAKBROOK OPERATING L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|---|--|----|
| PRESBYTERIAN HOME OF SOUTH CAROLINA - SUMMERVILLE 201 W 9TH NORTH ST, UNIT 140 SUMMERVILLE, SC 29483 MILLER, ROBIN C PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0202 / 04/30/2009 Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST, CMR PO BOX 140 SUMMERVILLE, SC 29483 PRESBYTERIAN HOME OF SOUTH CAROLINA INC | 87 |
| Licensed Beds Nursing Home 87 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|--|---|----|
| ST GEORGE HEALTHCARE CENTER 905 DUKES ST ST GEORGE, SC 29477-2059 DAVIS, NITA J PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0924 / 09/30/2009 Dorchester / Ltd. Liability 905 DUKES ST ST. GEORGE, SC 29477-2059 PALMETTO ST GEORGE OPERATING L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 4 | Number Licensed Units | 351 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Dorchester | # Lics | 4 |
| | Number Licensed Units : | 351 | |

County: Edgefield

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|---|---|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| TRINITY MISSION HEALTH & REHAB OF EDGEFIELD LLC | NCF-0941 / 07/31/2009 | 120 |
| 226 WA REEL DR | Edgefield / Ltd. Liability | |
| EDGEFIELD, SC 29824 | PO BOX 668 | |
| FALLAW, DENISE PH#: 803-637-5312 | EDGEFIELD, SC 29824 | |
| Fac. Cont. Email:DFALLAW@TMEDGEFIELD.COM | TRINITY MISSION HEALTH & REHAB OF EDGEFIELD LLC | |

Licensed Beds Nursing Home 120 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="1"/> | Number Licensed Units | <input type="text" value="120"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Edgefield | # Lics | 1 |
| | Number Licensed Units : | 120 | |

County: Fairfield

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| FAIRFIELD HEALTHCARE CENTER LLC 117 BELLFIELD RD RIDGEWAY 29130 BURTON, EDWARD G PH#: 803-796-8700 Fac. Cont. Email: EGBURTON@LAURELBAYE.COM | NCF-0776 / 06/30/2009 Fairfield / Ltd. Liability PO BOX 70 RIDGEWAY, SC 29130 FAIRFIELD HEALTHCARE CENTER LLC | 112 |
| Licensed Beds | Nursing Home | 112 |
| | Institutional Nursing Home | 0 |

Certifications:None

| | | |
|---|--|-----|
| HERITAGE HEALTHCARE OF RIDGEWAY LLC 213 TANGLEWOOD CT RIDGEWAY, SC 29130 DUNCAN, PAMELA A PH#: 803-254-5960 Fac. Cont. Email: RESTEPHENSON@UHS-PRUITT.COM | NCF-0710 / 10/31/2009 Fairfield / Limited Liability 213 TANGLEWOOD CT RIDGEWAY, SC 29130 HERITAGE HEALTHCARE OF RIDGEWAY LLC | 150 |
| Licensed Beds | Nursing Home | 150 |
| | Institutional Nursing Home | 0 |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 262 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Fairfield | # Lics | 2 |
| | Number Licensed Units : | 262 | |

County: Florence

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| CAROLINAS HOSPITAL SYSTEM TRANSITIONAL CARE UNIT 121 E CEDAR ST FLORENCE, SC 29506 SYLVESTER, JANET PH#: 843-674-5000 Fac. Cont. Email: No Fac Cont. email on record | NCF-0673 / 10/31/2009 Florence / Corporation PO BOX 100550 FLORENCE, SC 29501-0550 QHG OF SOUTH CAROLINA INC | 24 |
| Licensed Beds Nursing Home 24 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| COMMANDER NURSING CENTER 4438 PAMPLICO HWY FLORENCE, SC 29505 COMMANDER III, JOE M PH#: 843-669-3502 Fac. Cont. Email: CMDNURSING@AOL.COM | NCF-0233 / 07/31/2009 Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505 COMMANDER HEALTH CARE FACILITIES INC | 163 |
| Licensed Beds Nursing Home 163 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| COOKE ASSOCIATES OF FLORENCE INC 133 W CLARKE RD FLORENCE, SC 29501-0722 HAMMOND, NANCY R PH#: 843-669-4374 Fac. Cont. Email: RHAMMOND@COOKE-ASSOCIATES.COM | NCF-0935 / 12/31/2009 Florence / Corporation 133 W CLARKE RD FLORENCE, SC 29501 COOKE ASSOCIATES OF FLORENCE INC | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER 56 GENESIS DR LAKE CITY, SC 29560-0000 FRIERSON, SARAH L PH#: 843-389-3685 Fac. Cont. Email: MCNAIRNSGCTR@FTC-I.NET | NCF-0918 / 11/30/2009 Florence / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| FAITH HEALTHCARE CENTER 617 W MARION ST FLORENCE, SC 29501-2470 SWINTON-MICKENS, EVELYN PH#: 843-669-9958 Fac. Cont. Email: ADMIN.FA.SC@PALMETTOLTC.COM | NCF-0927 / 09/30/2009 Florence / Ltd. Liability 617 W MARION ST FLORENCE, SC 29501-2470 PALMETTO FAITH OPERATING LLC | 104 |
| Licensed Beds Nursing Home 104 Institutional Nursing Home 0 | | |
| Certifications:None | | |

Division of Health Licensing

County: Florence

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| HERITAGE HOME OF FLORENCE INC 515 S WARLEY ST FLORENCE, SC 29501-5132 SKINNER SR, JEFFREY V PH#: 843-662-4573 Fac. Cont. Email:JEFFSKINNER@SC.RR.COM | NCF-0450 / 02/28/2010 Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501 HERITAGE HOME OF FLORENCE INC | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| HONORAGE NURSING CENTER 1207 N CASHUA RD FLORENCE, SC 29501-6969 CLARKE, HOWARD W PH#: 843-665-6172 Fac. Cont. Email:PTAYLOR1549@AOL.COM | NCF-0329 / 12/31/2009 Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501 HONORAGE NURSING HOME OF FLORENCE SC INC | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Care | | |
| LAKE CITY - SCRANTON HEALTHCARE CENTER 1940 BOYD RD SCRANTON, SC 29591-5835 WAY, KAREN PH#: 843-389-9201 Fac. Cont. Email:ADMIN.LACI@PALMETTOLTC.COM | NCF-0928 / 09/30/2009 Florence / Ltd. Liability 1940 BOYD RD SCRANTON, SC 29591-5835 PALMETTO LAKE CITY OPERATING L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| METHODIST MANOR OF THE PEE DEE SKILLED NURSING INFIRMARY 2100 TWIN CHURCH RD FLORENCE, SC 29501 JACKSON, WILLIAM F PH#: 843-664-0700 Fac. Cont. Email:FJACKSON@METHODIST-MANOR.COM | NCF-0579 / 09/30/2009 Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501 WESLEYAN SUITES | 32 |
| Licensed Beds Nursing Home 0 Institutional Nursing Home 32 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| PRESBYTERIAN HOME OF SOUTH CAROLINA - FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 HICKMAN III, WALTER E PH#: 843-665-2222 Fac. Cont. Email:WHICKMAN@PRESHOMESC.ORG | NCF-0420 / 09/30/2009 Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501 PRESBYTERIAN HOME OF SOUTH CAROLINA INC | 44 |
| Licensed Beds Nursing Home 0 Institutional Nursing Home 44 | | |
| Certifications:Alzheimer Care | | |

County: Florence

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|--------------------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Addres | |
| Administrator/Phone | Licensee | |
| SOUTHLAND HEALTH CARE CENTER | NCF-0599 / 12/31/2009 | 88 |
| 722 S DARGAN ST | Florence / Corporation | |
| FLORENCE, SC 29506-2562 | 722 S DARGAN ST | |
| COMMANDER, CHARLES S PH#: 843-669-4403 | FLORENCE, SC 29506 | |
| Fac. Cont. Email:CCOMMANDER@SC.RR.COM | COMMANDER HEALTH CARE FACILITIES INC | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: 11 Number Licensed Units 939

| | | | |
|---|-------------------------|--------|----|
| Number of Activities/Facilities licensed in county of | Florence | # Lics | 11 |
| | Number Licensed Units : | 939 | |

Division of Health Licensing

County: Georgetown

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| GEORGETOWN HEALTHCARE & REHAB INC 2715 S ISLAND RD GEORGETOWN, SC 29440 RABY, SHEILA W PH#: 843-546-4123 Fac. Cont. Email:ADMIN@GEORGETOWNHEALTHCARE.NET | NCF-0633 / 03/31/2009 (Renewal Pending) Georgetown / Corporation 2715 S ISLAND RD GEORGETOWN, SC 29440 GEORGETOWN HEALTHCARE & REHAB INC | 84 |

Licensed Beds Nursing Home 84 Institutional Nursing Home 0

Certifications:None

| | | |
|---|--|----|
| LAKES AT LITCHFIELD SKILLED NURSING CENTER 80 TIMBERVIEW CT PAWLEY'S ISLAND, SC 29585 MCKINSTRY, NANCY W PH#: 843-235-9393 Fac. Cont. Email:NMCKINSTRY@LAKES-LITCHFIELD.COM | NCF-0843 / 12/31/2009 Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEY'S ISLAND, SC 29585 LITCHFIELD RETIREMENT L L C | 24 |
|---|--|----|

Licensed Beds Nursing Home 17 Institutional Nursing Home 7

Certifications:None

| | | |
|---|--|-----|
| NHC HEALTHCARE GARDEN CITY 9405 HWY 17 BY-PASS, (INDIAN WELLS LOOP) MURRELLS INLET, SC 29576 SHADOW, SHIRLEY B PH#: 843-650-2213 Fac. Cont. Email:REMSMOM@AOL.COM | NCF-0825 / 10/31/2009 Georgetown / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576 NHC HEALTHCARE/GARDEN CITY L L C | 148 |
|---|--|-----|

Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications:None

| | | |
|--|--|-----|
| PRINCE GEORGE HEALTHCARE CENTER 901 MAPLE ST GEORGETOWN, SC 29440-4300 OTHMAN, MOHAMED PH#: 843-546-6101 Fac. Cont. Email:No Fac Cont. email on record | NCF-0930 / 09/30/2009 Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440 PALMETTO PRINCE GEORGE OPERATING L L C | 148 |
|--|--|-----|

Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Georgetown | # Lics | 4 |
| | Number Licensed Units : | 404 | |

County: Greenville

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| BRIARWOOD LIVING CENTER 721 W CURTIS ST SIMPSONVILLE, SC 29681-2599 MCLEOD, CHARLES H PH#: 864-967-7191 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0900 / 09/30/2009 Greenville / Limited Liability Company (multiple member) C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 BRIARWOOD LIVING CENTER LLC | 42 |
| Licensed Beds | Nursing Home | 42 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |
| BRIGHTON GARDENS BY MARRIOTT OF GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615 TOWERY, AL M PH#: 864-286-6600 Fac. Cont. Email:No Fac Cont. email on record | NCF-0785 / 02/28/2009 (Renewal Pending) Greenville / Corporation 1306 PELHAM RD GREENVILLE, SC 29615 SUNRISE SENIOR LIVING SERVICES INC | 45 |
| Licensed Beds | Nursing Home | 45 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |
| COTTAGES AT BRUSHY CREEK 101 COTTAGE CREEK CIR GREER, SC 29650 NICHOLS, KAREN H PH#: 864-797-8800 Fac. Cont. Email:LPARKS@GHS.ORG | NCF-0945 / 10/31/2009 Greenville / District C/O GHS/PLANNING DEPT -ISC 3RD FLR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM | 144 |
| Licensed Beds | Nursing Home | 144 |
| | Institutional Nursing Home | 0 |
| Certifications:Alzheimer Care | | |
| FALLS CREEK LIVING CENTER L L C 2906 GEER HWY MARIETTA, SC 29661-9517 JONES, EVELYN E PH#: 864-836-6381 Fac. Cont. Email:ADMINFALLSCREEK@HMR-LTC.COM | NCF-0920 / 05/31/2009 Greenville / Ltd. Liability PO BOX 219 MARIETTA, SC 29661 FALLS CREEK LIVING CENTER L L C | 44 |
| Licensed Beds | Nursing Home | 44 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |
| FOUNTAIN INN NURSING HOME 501 GULLIVER ST FOUNTAIN INN, SC 29644 BAUGHMAN, KATHY J PH#: 864-862-2554 Fac. Cont. Email:FINH_EMAIL@YAHOO.COM | NCF-0939 / 03/31/2010 Greenville / Limited Liability PO BOX 67 FOUNTAIN INN, SC 29644 COOKE ASSOCIATES OF FOUNTAIN INN LLC | 60 |
| Licensed Beds | Nursing Home | 60 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |

Division of Health Licensing

County: Greenville

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| GREENVILLE LIVING CENTER 809 LAURENS RD GREENVILLE, SC 29607-1914 GRANGER, PAUL PH#: 864-269-3725 Fac. Cont. Email: No Fac Cont. email on record | NCF-0912 / 09/30/2009 Greenville / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 GREENVILLE LIVING CENTER L L C | 79 |
| Licensed Beds | Nursing Home | 79 |
| Licensed Beds | Institutional Nursing Home | 0 |
| Certifications: None | | |
| GREENVILLE MEMORIAL MEDICAL CENTER SUBACUTE UNIT 701 GROVE RD GREENVILLE, SC 29605 HEALY, STANLEY PH#: 864-455-7000 Fac. Cont. Email: WWW.GHSNET.GHS.ORG | NCF-0934 / 02/28/2010 Greenville / District PLANNING DEPT - ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM | 15 |
| Licensed Beds | Nursing Home | 15 |
| Licensed Beds | Institutional Nursing Home | 0 |
| Certifications: None | | |
| LAUREL BAYE HEALTHCARE OF GREENVILLE 661 RUTHERFORD RD GREENVILLE, SC 29609 NADKARNI MS, NATASHA A PH#: 843-216-6800 Fac. Cont. Email: No Fac Cont. email on record | NCF-0805 / 04/30/2009 Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609 LAUREL BAYE HEALTHCARE OF GREENVILLE L L C | 132 |
| Licensed Beds | Nursing Home | 132 |
| Licensed Beds | Institutional Nursing Home | 0 |
| Certifications: None | | |
| MAGNOLIA MANOR - GREENVILLE 411 ANSEL ST GREENVILLE, SC 29601-3407 OWINGS, JANE B PH#: 864-232-5368 Fac. Cont. Email: JANE.OWINGS@THICARE.COM | NCF-0860 / 08/31/2009 Greenville / Ltd. Liability 411 ANSEL ST GREENVILLE, SC 29601-3407 THI OF SOUTH CAROLINA AT GREENVILLE L L C | 99 |
| Licensed Beds | Nursing Home | 99 |
| Licensed Beds | Institutional Nursing Home | 0 |
| Certifications: None | | |
| MAGNOLIA PLACE AT GREENVILLE 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 FARTHING, SHANNON P PH#: 864-288-1415 Fac. Cont. Email: SHANNON.FARTHING@THICARE.COM | NCF-0869 / 08/31/2009 Greenville / Ltd. Liability 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE L L C | 120 |
| Licensed Beds | Nursing Home | 120 |
| Licensed Beds | Institutional Nursing Home | 0 |
| Certifications: Alzheimer Care | | |

Division of Health Licensing

County: Greenville

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| NHC HEALTHCARE GREENVILLE 1305 BOILING SPRINGS RD GREER, SC 29650-4139 MOORHOUSE, BRYAN M PH#: 864-458-7566 Fac. Cont. Email:NATIONALHEALTHCARE@CHARTER.NET | NCF-0807 / 07/31/2009 Greenville / Ltd. Liability 1305 BOILING SPRINGS RD GREER, SC 29650 NHC HEALTHCARE/GREENVILLE L L C | 176 |
| Licensed Beds Nursing Home 176 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| NHC HEALTHCARE MAULDIN 850 E BUTLER RD GREENVILLE, SC 29607-0000 DOBSON, DEBORAH D PH#: 864-675-6421 Fac. Cont. Email:NHCMAULDIN@CHARTER.NET | NCF-0796 / 06/30/2009 Greenville / Ltd. Liability PO BOX 600 MAULDIN, SC 29662 NHC HEALTHCARE/MAULDIN LLC | 180 |
| Licensed Beds Nursing Home 180 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| OAKMONT EAST NURSING CENTER 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617 GILSTRAP, DEBRA L PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0952 / 12/31/2009 Greenville / Limited Liability 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617 OAKMONT EAST GREENVILLE SC LLC | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| OAKMONT WEST NURSING CENTER 600 SULPHUR SPRINGS RD GREENVILLE, SC 29611-1621 BYRD-BYRUM, DENA L PH#: 864-246-2721 Fac. Cont. Email:No Fac Cont. email on record | NCF-0953 / 12/31/2010 Greenville / Limited Liability 600 SULPHUR SPRINGS RD GREENVILLE, SC 29611-1621 OAKMONT WEST GREENVILLE SC LLC | 125 |
| Licensed Beds Nursing Home 125 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| PIEDMONT LIVING CENTER 401 CHANDLER RD GREER, SC 29651-1243 HILL, JAMES PH#: 864-879-1370 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0908 / 09/30/2009 Greenville / Ltd. Liability C/O AVANTAGE HEALTH SYSTEMS, 101 GRACE DR GREER, SC 29640 PIEDMONT LIVING CENTER L L C | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |

County: Greenville

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|-------------------------------|
| ROLLING GREEN VILLAGE HEALTH CARE FACILITY 1 HOKE SMITH BLVD GREENVILLE, SC 29 KRUEGER, JESSICA L PH#: 864-987-9800 Fac. Cont. Email: JESSICAKRUEGER@ROLLINGGREENVILLAGE.COM | NCF-0456 / 10/31/2009 Greenville / Corporation 1 HOKE SMITH BLVD GREENVILLE, SC 29615 GREENVILLE BAPTIST RETIREMENT COMMUNITY INC | 44 |
| Licensed Beds | Nursing Home 10 | Institutional Nursing Home 34 |

Certifications:None

| | | |
|---|--|------------------------------|
| SUMMIT PLACE LIVING CENTER 807 SE MAIN ST SIMPSONVILLE, SC 29681-0000 CAJKA, AMY PH#: 864-963-6069 Fac. Cont. Email: JSWIFT@HMR-LTC.COM | NCF-0905 / 09/30/2009 Greenville / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 SUMMIT PLACE LIVING CENTER L L C | 132 |
| Licensed Beds | Nursing Home 132 | Institutional Nursing Home 0 |

Certifications:None

| | | |
|---|--|------------------------------|
| WESTSIDE LIVING CENTER 8 N TEXAS AVE GREENVILLE, SC 29611-5034 BYINGTON, HEATHER PH#: 864-295-1331 Fac. Cont. Email: JSWIFT@HMR-LTC.COM | NCF-0903 / 09/30/2009 Greenville / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 WESTSIDE LIVING CENTER L L C | 132 |
| Licensed Beds | Nursing Home 132 | Institutional Nursing Home 0 |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|----|-----------------------|-------|
| Number of Activities/Facilities licensed: | 18 | Number Licensed Units | 1,833 |
|---|----|-----------------------|-------|

| | | | |
|---|-------------------------|--------|----|
| Number of Activities/Facilities licensed in county of | Greenville | # Lics | 18 |
| | Number Licensed Units : | 1,833 | |

Division of Health Licensing

County: Greenwood

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| GREENWOOD TRANSITIONAL REHABILITATION UNIT 1530 PKWY GREENWOOD 29646 KAGLE, TIM PH#: 864-330-9070 Fac. Cont. Email:TIMKAGLE@ERNESTHEALTH.COM | NCF-0944 / 10/31/2009 Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC | 12 |

Licensed Beds Nursing Home 12 Institutional Nursing Home 0

Certifications:None

| | | |
|---|--|-----|
| HEALTH CARE CENTER OF WESLEY COMMONS 1110 MARSHALL RD GREENWOOD, SC 29646 HOLMES, KIMBERLY K PH#: 864-227-7250 Fac. Cont. Email:KHOLMES@WESLEYCOMMONS.ORG | NCF-0304 / 03/31/2010 Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646 WESLEY COMMONS | 102 |
|---|--|-----|

Licensed Beds Nursing Home 102 Institutional Nursing Home 0

Certifications:None

| | | |
|--|--|----|
| MAGNOLIA MANOR - GREENWOOD 1415 PKWY GREENWOOD, SC 29646-0000 GOFORTH, EDITH C PH#: 864-227-9500 Fac. Cont. Email:SEE DIRECTIONS | NCF-0866 / 08/31/2009 Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD L L C | 88 |
|--|--|----|

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

| | | |
|---|---|-----|
| NHC HEALTHCARE GREENWOOD 437 E CAMBRIDGE AVE GREENWOOD, SC 29646-3109 SELLARS, RICHARD A PH#: 864-223-1950 Fac. Cont. Email:RSELLARS@NHCGREENWOOD.COM | NCF-0802 / 06/30/2009 Greenwood / Ltd. Liability PO BOX 3109 GREENWOOD, SC 29648 NHC HEALTHCARE/GREENWOOD LLC | 152 |
|---|---|-----|

Licensed Beds Nursing Home 152 Institutional Nursing Home 0

Certifications:Alzheimer Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Greenwood | # Lics | 4 |
| | Number Licensed Units : | 354 | |

County: Hampton

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| UNIHEALTH POST-ACUTE CARE - LOW COUNTRY 301 S LIBERTY ST ESTILL, SC 29918-0386 SMITH, DEAN PH#: 803-625-3852 | NCF-0922 / 09/30/2009 Hampton / Ltd. Liability 301 S LIBERTY ST ESTILL, SC 29918 HERITAGE HEALTHCARE OF ESTILL L L C | 104 |

Fac. Cont. Email: No Fac Cont. email on record

Licensed Beds Nursing Home 104 Institutional Nursing Home 0

Certifications: None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 104 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Hampton | # Lics | 1 |
| | Number Licensed Units : | 104 | |

County: Horry

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| AGAPE REHABILITATION OF CONWAY 2320 HWY 378 CONWAY, SC 29527-4911 STAUB, MATTHEW J PH#: 843-397-2273 Fac. Cont. Email: MATT@AGAPESENIOR.COM | NCF-0954 / 03/31/2010 Horry / Corporation 2320 HWY 378 CONWAY, SC 29527-4911 AGAPE REHABILITATION OF CONWAY INC | 72 |
| Licensed Beds | Nursing Home | 72 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| CONWAY MANOR LLC 3300 FOURTH AVE CONWAY, SC 29527-6002 TILLER, RAYMOND G PH#: 843-248-5728 Fac. Cont. Email: RTILLER@CONWAYMANOR.NET | NCF-0899 / 05/31/2009 Horry / Ltd. Liability 3300 FOURTH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC | 190 |
| Licensed Beds | Nursing Home | 190 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| COVENANT TOWERS HEALTH CARE 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 HENDRICK, DEBBIE M PH#: 843-449-2484 Fac. Cont. Email: CAROL@COVENANTTOWERS.COM | NCF-0469 / 08/31/2009 Horry / Non-Profit Corporation 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC | 30 |
| Licensed Beds | Nursing Home | 30 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| GRAND STRAND HEALTHCARE 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588 BRANTON, HAROLD D PH#: 843-293-1137 Fac. Cont. Email: NORMA29578@AOL.COM | NCF-0573 / 03/31/2010 Horry / Corporation 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 GRAND STRAND HEALTHCARE INC | 88 |
| Licensed Beds | Nursing Home | 88 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |
| KINGSTON NURSING CENTER 2379 CYPRESS CIR CONWAY, SC 29526 FOWLER, LAURA L PH#: 843-347-8179 Fac. Cont. Email: LFOWLER@CMC-SC.COM | NCF-0518 / 06/30/2009 Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528 CONWAY HOSPITAL INC | 88 |
| Licensed Beds | Nursing Home | 88 |
| Institutional Nursing Home | | 0 |
| Certifications:None | | |

County: Horry

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| LORIS EXTENDED CARE CENTER | NCF-0207 / 12/31/2009 | 88 |
| 3620 STEVENS ST | Horry / District | |
| LORIS, SC 29569 | 3620 STEVENS ST | |
| JOHNSON, LINDA L PH#: 843-716-7106 | LORIS, SC 29569 | |
| Fac. Cont. Email:11JOHNSN@SCCOAST.NET | LORIS COMMUNITY HOSPITAL DISTRICT | |
| Licensed Beds Nursing Home 88 | Institutional Nursing Home 0 | |

Certifications:None

| | | |
|---|------------------------------|-----|
| MYRTLE BEACH MANOR | NCF-0829 / 01/31/2010 | 104 |
| 9547 HWY 17 N | Horry / Corporation | |
| MYRTLE BEACH, SC 29572 | 9547 HWY 17 N | |
| BEARD, MICHAEL PH#: 843-449-5283 | MYRTLE BEACH, SC 29572 | |
| Fac. Cont. Email:No Fac Cont. email on record | FS TENANT POOL I TRUST | |
| Licensed Beds Nursing Home 104 | Institutional Nursing Home 0 | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 7 | Number Licensed Units | 660 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Horry | # Lics | 7 |
| | Number Licensed Units : | 660 | |

County: Jasper

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| RIDGELAND NURSING CENTER INC 1516 GRAYS HWY RIDGELAND, SC 29936 BOYLES, SHERI P PH#: 843-726-5581 Fac. Cont. Email: SBOYLES@RIDGELANDNC.COM | NCF-0553 / 08/31/2009 Jasper / Corporation PO BOX 1570 RIDGELAND, SC 29936 RIDGELAND NURSING CENTER INC | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|---------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="1"/> | Number Licensed Units | <input type="text" value="88"/> |
|---|--------------------------------|-----------------------|---------------------------------|

| | | |
|--|--------|---|
| Number of Activities/Facilities licensed in county of Jasper | # Lics | 1 |
| Number Licensed Units : | 88 | |

County: Kershaw

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| A SAM KARESH LONG TERM CARE CENTER 1315 ROBERTS ST CAMDEN, SC 29020 HANLEY, JEANNE H PH#: 803-713-6376 Fac. Cont. Email: HANLEY@KCMC.ORG | NCF-0313 / 09/30/2009 Kershaw / County 1315 ROBERTS ST CAMDEN, SC 29020 KERSHAW COUNTY MEDICAL CENTER | 96 |
| Licensed Beds Nursing Home 96 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|---|---|-----|
| SPRINGDALE HEALTHCARE CENTER 146 BATTLESHIP RD CAMDEN, SC 29020-2060 SMALLS, CARLTON P PH#: 803-432-3741 Fac. Cont. Email: ADMIN.SPCA.SC@PALMETTOLTTC.COM | NCF-0925 / 09/30/2009 Kershaw / Ltd. Liability 146 BATTLESHIP RD CAMDEN, SC 29020 PALMETTO SPRINGDALE OPERATING L L C | 148 |
| Licensed Beds Nursing Home 148 Institutional Nursing Home 0 | | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="2"/> | Number Licensed Units | <input type="text" value="244"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Kershaw | # Lics | 2 |
| | Number Licensed Units : | 244 | |

County: Lancaster

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| LANCASTER CONVALESCENT CENTER INC 2044 PAGELAND HWY LANCASTER, SC 29720 SCHOLL, DEBORAH M PH#: 803-285-7907 Fac. Cont. Email:SWTLIPSRN@GMAIL.COM | NCF-0551 / 04/30/2009 Lancaster / Corporation PO BOX 1749 LANCASTER, SC 29721-1749 LANCASTER CONVALESCENT CENTER INC | 142 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 142 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720 HUEY, NANCY D PH#: 803-286-1837 Fac. Cont. Email:JULIE_SOEKORO@CHS.NET | NCF-0723 / 04/30/2009 Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720 LANCASTER HOSPITAL CORPORATION | 14 |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 14 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| WHITE OAK MANOR - LANCASTER 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 CURTIS, ADRIENNE N PH#: 803-286-1464 Fac. Cont. Email:NCURTIS@WHITEOAKMANOR.COM | NCF-0883 / 12/31/2009 Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR - LANCASTER INC | 132 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="3"/> | Number Licensed Units | <input type="text" value="288"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Lancaster | # Lics | 3 |
| | Number Licensed Units : | 288 | |

County: Laurens

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|--|-----------------------------------|----|
| LAURENS COUNTY HEALTH CARE SYSTEM SKILLED NURSING FACILITY | NCF-0786 / 04/30/2009 | 14 |
| 22725 HWY 76 E | Laurens / District | |
| CLINTON, SC 29325 | 22725 HWY 76 E | |
| FISCUS, DEBORAH B PH#: 864-938-2843 | CLINTON, SC 29325 | |
| Fac. Cont. Email:DFISCUS@LCHCS.ORG | LAURENS COUNTY HEALTH CARE SYSTEM | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 14 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|---|---|----|
| MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY | NCF-0435 / 03/31/2010 | 88 |
| 1 MARTHA FRANKS DR | Laurens / Non-Profit Corporation | |
| LAURENS, SC 29360-1772 | 1 MARTHA FRANKS DR | |
| ORCUTT, LINDA PH#: 864-984-4541 | LAURENS, SC 29360 | |
| Fac. Cont. Email:No Fac Cont. email on record | SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC | |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 81 | Institutional Nursing Home | 7 |
|---------------|--------------|----|----------------------------|---|

Certifications:Alzheimer Unit, Alzheimers Care

| | | |
|--|------------------------------|-----|
| NHC HEALTHCARE CLINTON | NCF-0804 / 06/30/2009 | 131 |
| 304 JACOBS HWY | Laurens / Ltd. Liability | |
| CLINTON, SC 29325 | PO BOX 727 | |
| SELLARS, GIDEON PH#: 864-833-2550 | CLINTON, SC 29325 | |
| Fac. Cont. Email:GSELLARS@NHCCLINTON.NET | NHC HEALTHCARE/CLINTON L L C | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 131 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| | | |
|---|----------------------------|-----|
| NHC HEALTHCARE LAURENS | NCF-0326 / 06/30/2009 | 176 |
| 379 PINEHAVEN ST EXT | Laurens / Ltd. Liability | |
| LAURENS, SC 29360-1259 | PO BOX 1259 | |
| SHEARER, RICKIE L PH#: 864-984-6584 | LAURENS, SC 29360-1259 | |
| Fac. Cont. Email:NHCSHEARER@CHARTER.NET | NHC HEALTHCARE/LAURENS LLC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 176 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:Alzheimer Care

| | | |
|---|---|----|
| PRESBYTERIAN HOME OF SOUTH CAROLINA - CLINTON | NCF-0366 / 04/30/2009 | 66 |
| 801 MUSGROVE ST | Laurens / Non-Profit Corporation | |
| CLINTON, SC 29325-0000 | 801 MUSGROVE ST | |
| SNIDER, ANN T PH#: 864-833-5190 | CLINTON, SC 29325 | |
| Fac. Cont. Email:ASNIDER@PRESHOMESC.ORG | PRESBYTERIAN HOME OF SOUTH CAROLINA INC | |

| | | | | |
|---------------|--------------|---|----------------------------|----|
| Licensed Beds | Nursing Home | 0 | Institutional Nursing Home | 66 |
|---------------|--------------|---|----------------------------|----|

Certifications:Alzheimer Unit, Alzheimers Care

County: Laurens

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |
| | Licensed Unit |

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 5 | Number Licensed Units | 475 |
|---|---|-----------------------|-----|

| | | |
|---|--------|---|
| Number of Activities/Facilities licensed in county of Laurens | # Lics | 5 |
| Number Licensed Units : | 475 | |

County: Lee

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| MCCOY MEMORIAL NURSING CENTER 207 CHAPPELL DR BISHOPVILLE, SC 29010-0000 MOORE, JOHN D PH#: 803-484-5636 Fac. Cont. Email: JMOORE@COOKE-ASSOCIATES.COM | NCF-0940 / 12/31/2009 Lee / Ltd. Liability 207 CHAPPELL DR BISHOPVILLE, SC 29010 COOKE ASSOCIATES OF BISHOPVILLE L L C | 120 |

Licensed Beds Nursing Home 120 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 120 |
|---|---|-----------------------|-----|

| | | |
|---|--------|---|
| Number of Activities/Facilities licensed in county of Lee | # Lics | 1 |
| Number Licensed Units : | 120 | |

County: Lexington

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|----------------------|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |

| | | |
|---|---|-----|
| AGAPE NURSING AND REHABILITATION CENTER INC | NCF-0837 / 12/31/2009 | 100 |
| 300 AGAPE DR | Lexington / Corporation | |
| WEST COLUMBIA, SC 29169 | 300 AGAPE DR | |
| SIPPEL, MARILYN E PH#: 803-939-3000 | WEST COLUMBIA, SC 29169 | |
| Fac. Cont. Email: BISPPPEL@AGAPESENIOR.COM | AGAPE NURSING AND REHABILITATION CENTER INC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 100 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: Alzheimer Care

| | | |
|---|------------------------------|-----|
| BRIAN CENTER OF NURSING CARE - ST ANDREWS | NCF-0875 / 05/31/2009 | 120 |
| 3514 SIDNEY RD | Lexington / Ltd. Liability | |
| COLUMBIA, SC 29210 | 3514 SIDNEY RD | |
| HOLLOMAN, LISA D PH#: 803-798-9715 | COLUMBIA, SC 29210 | |
| Fac. Cont. Email: STANDREWS@CHOICE-HEALTH.NET | BRIAN CENTER/ ST ANDREWS LLC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 120 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| | | |
|--|--|-----|
| HEARTLAND OF LEXINGTON REHABILITATION AND NURSING CENTER | NCF-0948 / 12/31/2009 | 132 |
| 2416 SUNSET BLVD | Lexington / Ltd. Liability | |
| WEST COLUMBIA, SC 29169 | 2416 SUNSET BLVD | |
| BROWN, HAZEL D PH#: 803-256-4983 | WEST COLUMBIA, SC 29169 | |
| Fac. Cont. Email: 512-ADMIN@HCR-MANORCARE.COM | LEXINGTON REHABILITATION AND NURSING CENTER - LEXINGTON SC LLC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| | | |
|--|------------------------------------|----|
| LAUREL CREST RETIREMENT CENTER | NCF-0647 / 09/30/2009 | 12 |
| 100 JOSEPH WALKER DR | Lexington / Non-Profit Corporation | |
| WEST COLUMBIA, SC 29169-6939 | 100 JOSEPH WALKER DR | |
| BRYAN, MARY Y PH#: 803-796-0370 | WEST COLUMBIA, SC 29169 | |
| Fac. Cont. Email: M.BRYAN@LAUREL-CREST.COM | FPCRC INC | |

| | | | | |
|---------------|--------------|---|----------------------------|----|
| Licensed Beds | Nursing Home | 0 | Institutional Nursing Home | 12 |
|---------------|--------------|---|----------------------------|----|

Certifications: None

| | | |
|--|-------------------------|-----|
| LEXINGTON MEDICAL CENTER EXTENDED CARE | NCF-0730 / 12/31/2009 | 388 |
| 815 OLD CHEROKEE RD | Lexington / Corporation | |
| LEXINGTON, SC 29072 | 815 OLD CHEROKEE RD | |
| STOWE, RICHARD W PH#: 803-359-5181 | LEXINGTON, SC 29072 | |
| Fac. Cont. Email: WSTOWE@LEXHEALTH.ORG | LEXMED INC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 388 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: Alzheimer Unit

County: Lexington

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| NHC HEALTHCARE LEXINGTON 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 MANLEY, MICHAEL W PH#: 803-939-0026 Fac. Cont. Email:NHC@NHCLEXINGTON.COM | NCF-0798 / 06/30/2009 Lexington / Ltd. Liability 2993 SUNSET BLVD WEST COLUMBIA, SC 29169 NHC HEALTHCARE/LEXINGTON L L C | 120 |
| Licensed Beds Nursing Home 120 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|---|---|----|
| PRESBYTERIAN HOME OF SOUTH CAROLINA-COLUMBIA 700 DAVEGA DR LEXINGTON, SC 29073-9698 BURTON, EDWARD G PH#: 803-796-8700 Fac. Cont. Email:EGBURTON@LAURELBAYE.COM | NCF-0545 / 12/31/2009 Lexington / Non-Profit Corporation 700 DAVEGA DR LEXINGTON, SC 29073-9699 PRESBYTERIAN HOME OF SOUTH CAROLINA INC | 44 |
| Licensed Beds Nursing Home 44 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|--|--|----|
| SC EPISCOPAL HOME AT STILL HOPES 1 STILL HOPES DR WEST COLUMBIA, SC 29171 LONG, MARY K PH#: 803-796-6490 Fac. Cont. Email:LSEGARS@SCEH.ORG | NCF-0392 / 12/31/2009 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171 SC EPISCOPAL HOME AT STILL HOPES | 62 |
| Licensed Beds Nursing Home 20 Institutional Nursing Home 42 | | |

Certifications:Alzheimer Unit

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 8 | Number Licensed Units | 978 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Lexington | # Lics | 8 |
| | Number Licensed Units : | 978 | |

County: Marion

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| MARION NURSING CENTER 2770 SOUTH HWY 501 MARION 29571 JAMES, ALYCE C PH#: 843-423-2601 Fac. Cont. Email: No Fac Cont. email on record | NCF-0689 / 09/30/2009 Marion / Corporation PO BOX 1485 MARION, SC 29571 MARION NURSING CENTER INC | 88 |
| Licensed Beds | Nursing Home | 88 |
| | Institutional Nursing Home | 0 |

Certifications:None

| | | |
|--|---|----|
| MULLINS NURSING CENTER 518 S MAIN ST MULLINS, SC 29547 MARTIN, TONYA G PH#: 843-464-8211 Fac. Cont. Email: TMARTIN@MCMED.ORG | NCF-0828 / 09/30/2009 Marion / Non-Profit Corporation 518 S MAIN ST MULLINS, SC 29574 MARION REGIONAL HEALTHCARE SYSTEM | 92 |
| Licensed Beds | Nursing Home | 92 |
| | Institutional Nursing Home | 0 |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 180 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Marion | # Lics | 2 |
| | Number Licensed Units : | 180 | |

County: Marlboro

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Addres | |
| Administrator/Phone | Licensee | |
| DUNDEE MANOR LLC | NCF-0897 / 05/31/2009 | 110 |
| 710 HWY 15-401 BYPASS W | Marlboro / Ltd. Liability | |
| BENNETTSVILLE, SC 29512 | PO BOX 858 | |
| GRIGGS, DEBRA G PH#: | BENNETTSVILLE, SC 29512 | |
| Fac. Cont. Email: No Fac Cont. email on record | DUNDEE MANOR LLC | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 110 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 110 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Marlboro | # Lics | 1 |
| | Number Licensed Units : | 110 | |

County: McCormick

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|---|--|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| SAVANNAH HEIGHTS LIVING CENTER L L C | NCF-0933 / 11/30/2009 | 120 |
| 204 HOLIDAY RD | McCormick / Ltd. Liability | |
| MCCORMICK, SC 29835-0000 | C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR | |
| ADAMS, WAYNE PH#: 864-391-2390 | EASLEY, SC 29640 | |
| Fac. Cont. Email: No Fac Cont. email on record | SAVANNAH HEIGHTS LIVING CENTER L L C | |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 120 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 120 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | McCormick | # Lics | 1 |
| | Number Licensed Units : | 120 | |

County: Newberry

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| J F HAWKINS NURSING HOME 1330 KINARD ST NEWBERRY, SC 29108 PARKS, LESLIE D PH#: 803-276-2601 Fac. Cont. Email: MBURSINGER@CS.COM | NCF-0234 / 06/30/2009 Newberry / County 1330 KINARD ST NEWBERRY, SC 29108 NEWBERRY COUNTY | 118 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 118 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: Alzheimer Unit, Alzheimers Care

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| NEWBERRY COUNTY MEMORIAL HOSPITAL TRANSITIONAL CARE UNIT 2669 KINARD ST NEWBERRY, SC 29108 ROBERTS, DEBRA G PH#: 803-405-7244 Fac. Cont. Email: LYNN.BEASLEY@NEWBERRYHOSPITAL.ORG | NCF-0763 / 02/28/2010 Newberry / County PO BOX 497 NEWBERRY, SC 29108 NEWBERRY COUNTY MEMORIAL HOSPITAL | 12 |

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 12 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications: None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| WHITE OAK MANOR - NEWBERRY 2555 KINARD ST NEWBERRY, SC 29108-2903 GILLIAM, MELISSA S PH#: 803-276-6060 Fac. Cont. Email: MGILLIAM@WHITEOAKMANOR.COM | NCF-0884 / 12/31/2009 Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108 WHITE OAK MANOR - NEWBERRY INC | 146 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 146 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="3"/> | Number Licensed Units | <input type="text" value="276"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Newberry | # Lics | 3 |
| | Number Licensed Units : | 276 | |

County: Oconee

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| LILA DOYLE NURSING CARE FACILITY 101 LILA DOYLE DR SENECA, SC 29672-0000 ANDERSON, DIANE PH#: 864-885-7678 Fac. Cont. Email:JEANNE.WARD@OCONEEMED.ORG | NCF-0297 / 03/31/2010 Oconee / Corporation 298 MEMORIAL DR SENECA, SC 29672 OCONEE MEMORIAL HOSPITAL INC | 120 |
| Licensed Beds Nursing Home 120 Institutional Nursing Home 0 | | |

Certifications:None

| | | |
|--|--|-----|
| SENECA HEALTH AND REHABILITATION CENTER 140 TOKEENA RD SENECA, SC 29678-1744 SMITH, PAMELA P PH#: 864-882-1642 Fac. Cont. Email:PPSMITH@SAVASC.COM | NCF-0917 / 09/30/2009 Oconee / Ltd. Liability 140 TOKEENA RD SENECA, SC 29678 SSC SENECA OPERATING COMPANY L L C | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|--------------------------------|-----------------------|----------------------------------|
| Number of Activities/Facilities licensed: | <input type="text" value="2"/> | Number Licensed Units | <input type="text" value="252"/> |
|---|--------------------------------|-----------------------|----------------------------------|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Oconee | # Lics | 2 |
| | Number Licensed Units : | 252 | |

County: Orangeburg

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|------------------------------|
| JOLLEY ACRES HEALTHCARE CENTER 1180 WOLFE TRAIL ORANGEBURG, SC 29115-7339 HOUSER, DEANA PH#: 803-534-1001 Fac. Cont. Email:ADMIN.JO.SC@PALMETTOLTC.COM | NCF-0929 / 09/30/2009 Orangeburg / Ltd. Liability 1180 WOLFE TRAIL ORANGEBURG, SC 29115-7339 PALMETTO JOLLEY ACRES OPERATING L L C | 60 |
| Licensed Beds | Nursing Home 60 | Institutional Nursing Home 0 |

Certifications:None

| | | |
|--|--|------------------------------|
| LAUREL BAYE HEALTHCARE OF ORANGEBURG 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115 GUZMAN, CHARLES N PH#: 803-531-7771 Fac. Cont. Email:CGUZMAN@LAURELBAYE.COM | NCF-0858 / 10/31/2009 Orangeburg / Ltd. Liability 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115 LAUREL BAYE HEALTHCARE OF ORANGEBURG L L C | 113 |
| Licensed Beds | Nursing Home 113 | Institutional Nursing Home 0 |

Certifications:None

| | | |
|--|---|------------------------------|
| METHODIST OAKS THE INC 1000 METHODIST OAKS DR ORANGEBURG, SC 29115 JOHNSON, PATRICIA W PH#: 803-534-1212 Fac. Cont. Email:No Fac Cont. email on record | NCF-0735 / 11/30/2009 Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS THE INC | 132 |
| Licensed Beds | Nursing Home 132 | Institutional Nursing Home 0 |

Certifications:None

| | | |
|--|--|------------------------------|
| UNIHEALTH POST-ACUTE CARE ORANGEBURG 755 WHITMAN ST ORANGEBURG, SC 29115-6163 MARTIN, THEODOCIA R PH#: 803-534-7036 Fac. Cont. Email:HECAMELOT@BELLSOUTH.NET | NCF-0617 / 09/30/2009 Orangeburg / Limited Liability 755 WHITMAN ST ORANGEBURG, SC 29115-6163 UNIHEALTH POST-ACUTE CARE - ORANGEBURG LLC | 88 |
| Licensed Beds | Nursing Home 88 | Institutional Nursing Home 0 |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 4 | Number Licensed Units | 393 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Orangeburg | # Lics | 4 |
| | Number Licensed Units : | 393 | |

County: Pickens

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| BLUE RIDGE LIVING CENTER 1850 CRESTVIEW RD EASLEY, SC 29642-3528 MULLINS, LARRIS PH#: 864-859-3236 Fac. Cont. Email:JSWIFT@HMR-LTC.COM | NCF-0901 / 09/30/2009 Pickens / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 BLUE RIDGE LIVING CENTER LLC | 66 |
| Licensed Beds Nursing Home 66 | Institutional Nursing Home 0 | |
| Certifications:None | | |
| CLEMSON AREA RETIREMENT CENTER-HEALTH CARE CENTER 500 DOWNS LOOP CLEMSON, SC 29631 LEHEUP, JOHN D PH#: 864-654-1155 Fac. Cont. Email:No Fac Cont. email on record | NCF-0391 / 10/31/2009 Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631 CARC INC | 52 |
| Licensed Beds Nursing Home 30 | Institutional Nursing Home 22 | |
| Certifications:None | | |
| COUNTRYSIDE HEALTHCARE CENTER 706 PELZER HWY EASLEY, SC 29641 DOUGLAS, LES PH#: 864-859-0167 Fac. Cont. Email:COUNTRYSIDEVILLAGE-ED@EMERITUS.COM | NCF-0701 / 01/31/2010 Pickens / Corporation C/O EMERITUS CORPORATION, 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121 EMERITUS CORPORATION | 44 |
| Licensed Beds Nursing Home 44 | Institutional Nursing Home 0 | |
| Certifications:None | | |
| EASLEY LIVING CENTER 200 ANNE DR EASLEY, SC 29640-2000 FERGUSON-DICKEY, SANDRA PH#: 864-269-3725 Fac. Cont. Email:No Fac Cont. email on record | NCF-0913 / 09/30/2009 Pickens / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 EASLEY LIVING CENTER LLC | 103 |
| Licensed Beds Nursing Home 103 | Institutional Nursing Home 0 | |
| Certifications:None | | |
| HARVEY'S NURSING HOME 163 LOVE AND CARE RD SIX MILE, SC 29682-9569 WOOLSEY, BARBARA A PH#: 864-868-2307 Fac. Cont. Email:HARVEYSNURSINGHOME@CHARTERINTERNET.COM | NCF-0580 / 10/31/2009 Pickens / Corporation 163 LOVE AND CARE RD SIX MILE, SC 29682-9569 FELTHAM MANAGEMENT COMPANY INC | 44 |
| Licensed Beds Nursing Home 44 | Institutional Nursing Home 0 | |
| Certifications:Alzheimer Care | | |

County: Pickens

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| LAUREL HILL LIVING CENTER 716 E CEDAR ROCK ST PICKENS, SC 29671-0000 GRIGGS, TODD PH#: Fac. Cont. Email: No Fac Cont. email on record | NCF-0910 / 09/30/2009 Pickens / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 LAUREL HILL LIVING CENTER L L C | 80 |
| Licensed Beds | Nursing Home | 80 |
| | Institutional Nursing Home | 0 |

Certifications:None

| | | |
|--|---|----|
| PRESBYTERIAN HOME OF SOUTH CAROLINA - FOOTHILLS 205 BUD NALLEY DR EASLEY, SC 29642 MIZE, SIDNEY K PH#: 864-859-3367 Fac. Cont. Email: SMIZE@PRESHOMESC.ORG | NCF-0809 / 10/31/2009 Pickens / Non-Profit Corporation 205 BUD NALLEY DR EASLEY, SC 29642 PRESBYTERIAN HOME OF SOUTH CAROLINA INC | 18 |
| Licensed Beds | Nursing Home | 0 |
| | Institutional Nursing Home | 18 |

Certifications:None

| | | |
|---|---|----|
| ROSEMOND LIVING CENTER 138 ROSEMOND ST PICKENS, SC 29671-0895 WOOD, ZACHERY PH#: Fac. Cont. Email: No Fac Cont. email on record | NCF-0906 / 09/30/2009 Pickens / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 ROSEMOND LIVING CENTER L L C | 44 |
| Licensed Beds | Nursing Home | 44 |
| | Institutional Nursing Home | 0 |

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 8 | Number Licensed Units | 451 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Pickens | # Lics | 8 |
| | Number Licensed Units : | 451 | |

County: Richland

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| C M TUCKER JR NURSING CARE CENTER FEWELL AND STONE PAVILIONS 2200 HARDEN ST COLUMBIA, SC 29203 CORLEY, FRANCES F PH#: 803-737-5399 Fac. Cont. Email:FFC29@SCDMH.ORG | NCF-0334 / 12/31/2009 Richland / State 2200 HARDEN ST COLUMBIA, SC 29203 SC DEPARTMENT OF MENTAL HEALTH | 252 |
| Licensed Beds Nursing Home 252 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| C M TUCKER JR NURSING CARE CENTER RODDEY PAVILION 2200 HARDEN ST COLUMBIA, SC 29203 MOBLEY, NORMA JEAN PH#: 803-737-5339 Fac. Cont. Email:No Fac Cont. email on record | NCF-0726 / 12/31/2009 Richland / State 2200 HARDEN ST COLUMBIA, SC 29203 SC DEPARTMENT OF MENTAL HEALTH | 308 |
| Licensed Beds Nursing Home 308 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| COUNTRYWOOD NURSING CENTER LLC 1645 RIDGE RD HOPKINS, SC 29061 HAYNES, LARRY A PH#: 803-776-3873 Fac. Cont. Email:LHAYNES@STERLING-HEALTH.COM | NCF-0946 / 11/30/2009 Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061 COUNTRYWOOD NURSING CENTER LLC | 38 |
| Licensed Beds Nursing Home 38 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| HEARTLAND OF COLUMBIA REHABILITATION & NURSING CENTER 2601 FOREST DR COLUMBIA, SC 29204 KRIEL, VALDEKO PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0316 / 12/31/2009 Richland / Limited Liability 2601 FOREST DR COLUMBIA, SC 29204 COLUMBIA REHABILITATION AND NURSING CENTER - COLUMBIA SC LLC | 132 |
| Licensed Beds Nursing Home 132 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| LIFE CARE CENTER OF COLUMBIA 2514 FARAWAY DR COLUMBIA, SC 29223 JEROME, MARGARET K PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0634 / 06/30/2009 Richland / Corporation 2514 FARAWAY DR COLUMBIA, SC 29223 RCM-COLUMBIA INC | 179 |
| Licensed Beds Nursing Home 179 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |

Division of Health Licensing

County: Richland

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| LOWMAN REHABILITATION AND HEALTH CARE CENTER 201 FORTRESS DR WHITE ROCK, SC 29177 EDWARDS, DERALD H PH#: 803-732-3000 Fac. Cont. Email:DEEDWARDS@LOWMANHOME.ORG | NCF-0688 / 05/31/2009 Richland / Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC | 176 |
| Licensed Beds Nursing Home 129 Institutional Nursing Home 47 | | |
| Certifications:None | | |
| MAGNOLIA MANOR - COLUMBIA 1007 N KINGS WAY COLUMBIA, SC 29223 SKEHAN, CAROL L PH#: 803-936-0062 Fac. Cont. Email:No Fac Cont. email on record | NCF-0868 / 08/31/2009 Richland / Ltd. Liability 1007 N KINGS WAY COLUMBIA, SC 29223 THI OF SOUTH CAROLINA AT COLUMBIA L L C | 88 |
| Licensed Beds Nursing Home 88 Institutional Nursing Home 0 | | |
| Certifications:None | | |
| NHC HEALTHCARE PARKLANE 7601 PARKLANE RD COLUMBIA, SC 29223-6122 ARGO, MELISSA B PH#: 803-741-9090 Fac. Cont. Email:NATIONALHEALTHCARE@SC.RR.COM | NCF-0797 / 06/30/2009 Richland / Ltd. Liability 7601 PARKLANE RD COLUMBIA, SC 29223 NHC HEALTHCARE/PARKLANE LLC | 180 |
| Licensed Beds Nursing Home 180 Institutional Nursing Home 0 | | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| PALMETTO HEALTH BAPTIST SUBACUTE REHABILITATION CENTER TAYLOR AT MARION ST COLUMBIA, SC 29201 SEIGLER, CAROLINE N PH#: 803-296-5010 Fac. Cont. Email:AMANDA.QUARTERMAN@PALMETTOHEALTH.ORG | NCF-0740 / 02/28/2010 Richland / County TAYLOR AT MARION ST COLUMBIA, SC 29220 PALMETTO HEALTH | 22 |
| Licensed Beds Nursing Home 0 Institutional Nursing Home 22 | | |
| Certifications:None | | |
| RICE NURSING HOME 100 FINLEY RD COLUMBIA, SC 29203-0000 MCMANUS, KENNETH H PH#: 803-691-5720 Fac. Cont. Email:KCMANUS@BENZIERICE.ORG | NCF-0831 / 05/31/2009 Richland / Corporation 100 FINLEY RD COLUMBIA, SC 29203-9264 LUTHERAN HOMES OF SOUTH CAROLINA INC | 32 |
| Licensed Beds Nursing Home 32 Institutional Nursing Home 0 | | |
| Certifications:None | | |

County: Richland

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| UNIHEALTH POST-ACUTE CARE - COLUMBIA LLC 2451 FOREST DR COLUMBIA, SC 29204-2026 HUGHES, BRENDA S PH#: 864-378-0560 Fac. Cont. Email: No Fac Cont. email on record | NCF-0880 / 01/31/2010 Richland / Limited Liability 2451 FOREST DR COLUMBIA, SC 29204-2026 UNIHEALTH POST- ACUTE CARE - COLUMBIA LLC | 257 |

Licensed Beds Nursing Home 257 Institutional Nursing Home 0

Certifications: Alzheimer Unit, Alzheimers Care

| | | |
|---|---|-----|
| WHITE OAK MANOR - COLUMBIA 3001 BEECHAVEN RD COLUMBIA, SC 29204 NEAL, MICHAEL S PH#: 803-782-4363 Fac. Cont. Email: SNEAL@WHITEOAKMANOR.COM | NCF-0886 / 12/31/2009 Richland / Corporation PO BOX 4276 COLUMBIA, SC 29240-4276 WHITE OAK MANOR - COLUMBIA INC | 120 |
|---|---|-----|

Licensed Beds Nursing Home 120 Institutional Nursing Home 0

Certifications: None

| | | |
|--|---|----|
| WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER 731 POLO RD COLUMBIA, SC 29223 ABERNATHY, EVA MAE PH#: 803-788-5115 Fac. Cont. Email: HEATHERC@WILDEWOOD-DOWNS.COM | NCF-0914 / 12/31/2009 Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223 WILDEWOOD DOWNS RETIREMENT L L C | 32 |
|--|---|----|

Licensed Beds Nursing Home 32 Institutional Nursing Home 0

Certifications: None

Totals For Facility/License Type Nursing Home

| | | | |
|---|----|-----------------------|-------|
| Number of Activities/Facilities licensed: | 13 | Number Licensed Units | 1,816 |
|---|----|-----------------------|-------|

| | | | |
|---|-------------------------|--------|----|
| Number of Activities/Facilities licensed in county of | Richland | # Lics | 13 |
| | Number Licensed Units : | 1,816 | |

County: Saluda

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|-----------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Addres | |
| Administrator/Phone | Licensee | |
| SALUDA NURSING CENTER | NCF-0265 / 06/30/2009 | 176 |
| 581 NEWBERRY HWY | Saluda / County | |
| SALUDA, SC 29138-0398 | PO BOX 398 | |
| BOWLES, ROBERT F PH#: 864-445-2146 | SALUDA, SC 29138 | |
| Fac. Cont. Email:ADMINISTRATOR_SNC@EARTHLINK.COM | SALUDA COUNTY | |

Licensed Beds Nursing Home 176 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 176 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Saluda | # Lics | 1 |
| | Number Licensed Units : | 176 | |

Division of Health Licensing

County: Spartanburg

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| CAMP CARE | NCF-0862 / 08/31/2009 | 88 |
| 59 BLACKSTOCK RD | Spartanburg / Ltd. Liability | |
| INMAN, SC 29349-0009 | 59 BLACKSTOCK RD | |
| COTHRAN, WALETTE S PH#: 864-472-2028 | INMAN, SC 29349 | |
| Fac. Cont. Email: SEE DIRECTIONS | THI OF SOUTH CAROLINA AT CAMP CARE LLC | |
| Licensed Beds Nursing Home 88 | Institutional Nursing Home 0 | |
| Certifications: None | | |
| GOLDEN AGE - INMAN | NCF-0857 / 08/31/2009 | 44 |
| 82 N MAIN ST | Spartanburg / Ltd. Liability | |
| INMAN, SC 29349-1416 | 82 N MAIN ST | |
| JOHNSON, TIMOTHY A PH#: 864-472-6636 | INMAN, SC 29349 | |
| Fac. Cont. Email: SEE DIRECTIONS | THI OF SOUTH CAROLINA AT GOLDEN AGE - INMAN L L C | |
| Licensed Beds Nursing Home 44 | Institutional Nursing Home 0 | |
| Certifications: None | | |
| INMAN HEALTHCARE | NCF-0864 / 08/31/2009 | 40 |
| 51 N MAIN ST | Spartanburg / Corporation | |
| INMAN, SC 29349-0669 | 51 N MAIN ST | |
| KILPATRICK, LYNN D PH#: | INMAN, SC 29349 | |
| Fac. Cont. Email: No Fac Cont. email on record | THI OF SOUTH CAROLINA AT INMAN L L C | |
| Licensed Beds Nursing Home 40 | Institutional Nursing Home 0 | |
| Certifications: None | | |
| MAGNOLIA MANOR - INMAN | NCF-0863 / 08/31/2009 | 176 |
| 63 BLACKSTOCK RD | Spartanburg / Ltd. Liability | |
| INMAN, SC 29349 | 63 BLACKSTOCK RD | |
| LYLES, DALE M PH#: 864-472-9055 | INMAN, SC 29349 | |
| Fac. Cont. Email: SEE DIRECTIONS | THI OF SOUTH CAROLINA AT MAGNOLIA MANOR- INMAN L L C | |
| Licensed Beds Nursing Home 176 | Institutional Nursing Home 0 | |
| Certifications: None | | |
| MAGNOLIA MANOR - SPARTANBURG | NCF-0867 / 08/31/2009 | 95 |
| 375 SERPENTINE DR | Spartanburg / Ltd. Liability | |
| SPARTANBURG, SC 29303-3026 | 375 SERPENTINE DR | |
| HARPER, DAVID S PH#: 864-594-5116 | SPARTANBURG, SC 29303-3026 | |
| Fac. Cont. Email: 4032SEC@HCR-MANORCARE.COM | THI OF SOUTH CAROLINA AT SPARTANBURG L L C | |
| Licensed Beds Nursing Home 95 | Institutional Nursing Home 0 | |
| Certifications: None | | |

County: Spartanburg

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| MAGNOLIA PLACE AT SPARTANBURG 8020 WHITE AVE SPARTANBURG, SC 29303 HARRIS, PATRICIA A PH#: 864-542-8515 Fac. Cont. Email: PATRICIA.HARRIS@THICARE.COM | NCF-0861 / 08/31/2009 Spartanburg / Ltd. Liability 8020 WHITE AVE SPARTANBURG, SC 29303 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT SPARTANBURG L L C | 88 |
| Licensed Beds | Nursing Home | 88 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |
| MOUNTAINVIEW NURSING HOME 340 CEDAR SPRINGS RD SPARTANBURG, SC 29302-4697 DILLARD, WILSON K PH#: 864-582-4175 Fac. Cont. Email: WDILLARD@MOUNTAINVIEWNH.COM | NCF-0149 / 06/30/2009 Spartanburg / Corporation 340 CEDAR SPRINGS RD SPARTANBURG, SC 29302 COMMUNITY SERVICES FOR THE AGING INC | 132 |
| Licensed Beds | Nursing Home | 132 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |
| ROSECREST REHABILITATION AND HEALTHCARE 200 FORTRESS DR INMAN, SC 29349 MILLER, RICHARD P PH#: 803-581-3151 Fac. Cont. Email: RICHARD.MILLER@CRMCSHMA-CORP.COM | NCF-0817 / 04/30/2009 Spartanburg / Corporation 200 FORTRESS DR INMAN, SC 29349 LUTHERAN HOMES OF SOUTH CAROLINA INC | 75 |
| Licensed Beds | Nursing Home | 75 |
| | Institutional Nursing Home | 0 |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| SKYLYN HEALTH CENTER 1705 SKYLYN DR SPARTANBURG, SC 29307-1077 BARRESI, TIMOTHY J PH#: 864-582-6838 Fac. Cont. Email: No Fac Cont. email on record | NCF-0700 / 01/31/2010 Spartanburg / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121 EMERITUS CORPORATION | 44 |
| Licensed Beds | Nursing Home | 33 |
| | Institutional Nursing Home | 11 |
| Certifications:None | | |
| SPARTANBURG HOSPITAL FOR RESTORATIVE CARE-SNF 389 SERPENTINE DR SPARTANBURG 29303 STIMAC, PATRICIA M PH#: 864-560-3232 Fac. Cont. Email: PSTIMAC@SRHS.COM | NCF-0915 / 02/28/2010 Spartanburg / District 389 SERPENTINE DR SPARTANBURG, SC 29303 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC | 25 |
| Licensed Beds | Nursing Home | 25 |
| | Institutional Nursing Home | 0 |
| Certifications:None | | |

County: Spartanburg

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
|---|--|---------------|

| | | |
|--|------------------------------|----|
| SUMMIT HILLS SKILLED NURSING FACILITY | NCF-0950 / 03/31/2010 | 33 |
| 100 SUMMIT HILLS DR | Spartanburg / Ltd. Liability | |
| SPARTANBURG, SC 29307-0000 | 100 SUMMIT HILLS DR | |
| GOODWIN, ANNETTE SMITH PH#: 864-591-2222 | SPARTANBURG, SC 29307 | |
| Fac. Cont. Email: No Fac Cont. email on record | SUMMIT HILLS LLC | |

Licensed Beds Nursing Home 27 Institutional Nursing Home 6

Certifications:None

| | | |
|--------------------------------------|---------------------------|----|
| VALLEY FALLS TERRACE INC | NCF-0495 / 08/31/2009 | 88 |
| 400 LOCUST GROVE RD | Spartanburg / Corporation | |
| SPARTANBURG, SC 29303-4831 | 400 LOCUST GROVE RD | |
| HORNE, LINDA A PH#: 864-503-0377 | SPARTANBURG, SC 29303 | |
| Fac. Cont. Email: LAHRFT@HOTMAIL.COM | VALLEY FALLS TERRACE INC | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:Alzheimer Care

| | | |
|--|---------------------------|----|
| WHITE OAK ESTATES | NCF-0888 / 12/31/2009 | 88 |
| 400 WEBBER RD | Spartanburg / Corporation | |
| SPARTANBURG, SC 29307 | 400 WEBBER RD | |
| CATLETT, GARY D PH#: 864-579-7004 | SPARTANBURG, SC 29307 | |
| Fac. Cont. Email: GCATLETT@WHITEOAKMANOR.COM | WHITE OAK ESTATES INC | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

| | | |
|--|-----------------------------------|-----|
| WHITE OAK MANOR - SPARTANBURG | NCF-0889 / 12/31/2009 | 192 |
| 295 E PEARL ST | Spartanburg / Corporation | |
| SPARTANBURG, SC 29303 | PO BOX 4887 | |
| ROUBY, RALPH A PH#: 864-585-0241 | SPARTANBURG, SC 29305-4887 | |
| Fac. Cont. Email: RROUBY@WHITEOAKMANOR.COM | WHITE OAK MANOR - SPARTANBURG INC | |

Licensed Beds Nursing Home 192 Institutional Nursing Home 0

Certifications:None

| | | |
|--|------------------------------|----|
| WOODRUFF MANOR | NCF-0823 / 09/30/2009 | 88 |
| 1114 E GEORGIA RD | Spartanburg / Ltd. Liability | |
| WOODRUFF, SC 29388 | PO BOX 879 | |
| TAYLOR, KEITH PH#: | WOODRUFF, SC 29388-0879 | |
| Fac. Cont. Email: No Fac Cont. email on record | WOODRUFF MANOR L L C | |

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:Alzheimer Care

County: Spartanburg

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |
| | Licensed Unit |

Totals For Facility/License Type Nursing Home

| | | | |
|---|----|-----------------------|-------|
| Number of Activities/Facilities licensed: | 15 | Number Licensed Units | 1,296 |
|---|----|-----------------------|-------|

| | | | |
|---|-------------------------|--------|----|
| Number of Activities/Facilities licensed in county of | Spartanburg | # Lics | 15 |
| | Number Licensed Units : | 1,296 | |

Division of Health Licensing

County: Sumter

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
|---|--|---------------|

| | | |
|---|--|----|
| COVENANT PLACE NURSING CENTER 2825 CARTER RD SUMTER, SC 29150 RICHARDSON, JACQUE W PH#: 803-469-7007 Fac. Cont. Email: JRICARDSON@COVENANTPLACE.ORG | NCF-0632 / 05/31/2009 Sumter / Non-Profit Corporation 2825 CARTER RD SUMTER, SC 29150 COVENANT PLACE OF SUMTER INC | 44 |
|---|--|----|

| | | | | |
|---------------|--------------|---|----------------------------|----|
| Licensed Beds | Nursing Home | 0 | Institutional Nursing Home | 44 |
|---------------|--------------|---|----------------------------|----|

Certifications: Alzheimer Unit, Alzheimers Care

| | | |
|---|--|----|
| HOPEWELL HEALTH CARE CENTER 1761 PINWOOD RD SUMTER, SC 29154-0000 BURNS, ROBERT W PH#: Fac. Cont. Email: No Fac Cont. email on record | NCF-0745 / 10/31/2009 Sumter / Corporation 1761 PINWOOD RD SUMTER, SC 29154-9056 HP/HOPEWELL INC | 96 |
|---|--|----|

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 96 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications: None

| | | |
|--|--|-----|
| NHC HEALTHCARE SUMTER 1018 N GUIGNARD DR SUMTER, SC 29150 CROTTS, JEANIE S PH#: 803-773-5567 Fac. Cont. Email: JCROTTS@NHCSUMTER.COM | NCF-0471 / 01/31/2010 Sumter / Corporation PO BOX 1524 SUMTER, SC 29151-1524 NATIONAL HEALTH CORPORATION | 138 |
|--|--|-----|

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 138 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| | | |
|--|---|-----|
| SUMTER EAST HEALTH AND REHABILITATION CENTER 880 CAROLINA AVE SUMTER, SC 29150 HATTON, BRYAN C PH#: 803-775-5394 Fac. Cont. Email: BCHATTON@SAVASC.COM | NCF-0919 / 09/30/2009 Sumter / Ltd. Liability 880 CAROLINA AVE SUMTER, SC 29150 SSC SUMTER EAST OPERATING COMPANY L L C | 176 |
|--|---|-----|

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 176 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| | | |
|--|---|----|
| TUOMEY SUBACUTE SKILLED CARE PROGRAM 129 N WASHINGTON ST SUMTER 29150 MCMASTER, KATHY P PH#: 803-774-9000 Fac. Cont. Email: KATHYMCMASTER@TUOMEY.COM | NCF-0698 / 02/28/2010 Sumter / Non-Profit Corporation 129 N WASHINGTON ST SUMTER, SC 29150 TUOMEY | 18 |
|--|---|----|

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 18 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications: None

County: Sumter

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |
| | Licensed Unit |

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 5 | Number Licensed Units | 472 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Sumter | # Lics | 5 |
| | Number Licensed Units : | 472 | |

County: Union

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| ELLEN SAGAR NURSING HOME 1817 JONESVILLE HWY UNION, SC 29379 WINN, ANNE O PH#: 864-427-5187 Fac. Cont. Email:ESNHADMIN@BELLSOUTH.NET | NCF-0217 / 11/30/2009 Union / District 1817 JONESVILLE HWY UNION, SC 29379 UNION HOSPITAL DISTRICT | 113 |

Licensed Beds Nursing Home 113 Institutional Nursing Home 0

Certifications:None

| | | |
|--|---|----|
| OAKMONT OF UNION 709 RICE AVE EXT UNION, SC 29379-9023 FREEMAN, PATRICIA A PH#: 864-427-0306 Fac. Cont. Email:4031-ADMIN@HCR-MANORCARE.COM | NCF-0443 / 12/31/2009 Union / Limited Liability 709 RICE AVE EXT UNION, SC 29379-9023 OAKMONT OF UNION SC LLC | 88 |
|--|---|----|

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 201 |
|---|---|-----------------------|-----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Union | # Lics | 2 |
| | Number Licensed Units : | 201 | |

County: Williamsburg

Facility Type: Nursing Home

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|--------------------------------|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| KINGSTREE NURSING FACILITY INC | NCF-0937 / 12/31/2009 | 96 |
| 401 NELSON BLVD | Williamsburg / Corporation | |
| KINGSTREE, SC 29556-4024 | 401 NELSON BLVD | |
| SLAVINSKI, CANDICE J PH#: 843-355-6116 | KINGSTREE, SC 29556 | |
| Fac. Cont. Email:CSLAVINSKI@COOKE-ASSOCIATES.COM | KINGSTREE NURSING FACILITY INC | |

Licensed Beds Nursing Home 96 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 96 |
|---|---|-----------------------|----|

| | | | |
|---|-------------------------|--------|---|
| Number of Activities/Facilities licensed in county of | Williamsburg | # Lics | 1 |
| | Number Licensed Units : | 96 | |

County: York

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
|---|--|---------------|

| | | |
|---|---|----|
| AGAPE REHABILITATION OF ROCK HILL 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 HENDERSON, DANIELLE B PH#: 803-329-6565 Fac. Cont. Email:DHENDERSON@AGAPESENIOR.COM | NCF-0814 / 02/28/2010 York / Ltd. Liability 159 SEDGEWOOD DR ROCK HILL, SC 29732 EBENEZER SENIOR SERVICES L L C | 99 |
|---|---|----|

Licensed Beds Nursing Home 99 Institutional Nursing Home 0

Certifications:Alzheimer Care

| | | |
|--|--|-----|
| MAGNOLIA MANOR - ROCK HILL 127 MURRAH DR ROCK HILL, SC 29732-2342 PATTERSON, JOY PH#: 864-472-9370 Fac. Cont. Email:No Fac Cont. email on record | NCF-0859 / 08/31/2009 York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732 THI OF SOUTH CAROLINA AT ROCK HILL L L C | 106 |
|--|--|-----|

Licensed Beds Nursing Home 106 Institutional Nursing Home 0

Certifications:None

| | | |
|---|--|-----|
| UNIHEALTH POST ACUTE CARE ROCK HILL 261 S HERLONG AVE ROCK HILL, SC 29732-1159 PARRIS, BRENDA H PH#: 803-366-7133 Fac. Cont. Email:BPARRIS@UHS-PRUITT.COM | NCF-0947 / 01/31/2010 York / Ltd. Liability 261 S HERLONG AVE ROCK HILL, SC 29732-1159 UNIHEALTH POST-ACUTE CARE ROCK HILL L L C | 132 |
|---|--|-----|

Licensed Beds Nursing Home 132 Institutional Nursing Home 0

Certifications:None

| | | |
|--|--|----|
| WESTMINSTER HEALTH AND REHABILITATION CENTER 831 MCDOW DR ROCK HILL, SC 29732 STAMPER, AMANDA L PH#: Fac. Cont. Email:No Fac Cont. email on record | NCF-0819 / 08/31/2009 York / Non-Profit Corporation 831 MCDOW DR ROCK HILL, SC 29732 WESTMINSTER PRESBYTERIAN CENTER INC | 66 |
|--|--|----|

Licensed Beds Nursing Home 66 Institutional Nursing Home 0

Certifications:None

| | | |
|--|---|-----|
| WHITE OAK MANOR - ROCK HILL 1915 EBENEZER RD ROCK HILL, SC 29732 ALEXANDER, JANE G PH#: 803-366-8155 Fac. Cont. Email:JALEXANDER@WHITEOAKMANOR.COM | NCF-0885 / 12/31/2009 York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732 WHITE OAK MANOR - ROCK HILL INC | 141 |
|--|---|-----|

Licensed Beds Nursing Home 141 Institutional Nursing Home 0

Certifications:None

County: York

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| WHITE OAK MANOR - YORK 111 S CONGRESS ST YORK, SC 29745 GIBBS, TAMMY L PH#: 803-684-0035 Fac. Cont. Email: TGIBBS@WHITEOAKMANOR.COM | NCF-0887 / 12/31/2009 York / Corporation PO BOX 629 YORK, SC 29745-0629 WHITE OAK MANOR - YORK INC | 109 |
| Licensed Beds | Nursing Home | 109 |
| | Institutional Nursing Home | 0 |

Certifications:None

| | | |
|--|---|----|
| WILLOW BROOK COURT AT PARK POINTE VILLAGE 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 OLSON, DONNA G PH#: 803-980-8605 Fac. Cont. Email: DONNA.OLSON@ACTSLIFE.ORG | NCF-0916 / 07/31/2009 York / Corporation 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 PARK POINTE VILLAGE INC | 40 |
| Licensed Beds | Nursing Home | 40 |
| | Institutional Nursing Home | 0 |

Certifications:Alzheimer Care

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 7 | Number Licensed Units | 693 |
|---|---|-----------------------|-----|

| | | |
|--|--------|---|
| Number of Activities/Facilities licensed in county of York | # Lics | 7 |
| Number Licensed Units : | 693 | |

Report Total

| | | | |
|--|-----|-----------------------------|--------|
| Total Number of Activities/Facilities licensed | 191 | Total Number Licensed Units | 19,586 |
|--|-----|-----------------------------|--------|